

_____ Condominium Association, Inc.
Springfield, NJ

20__ CENSUS QUESTIONNAIRE

Please email form to: Help@cp-management.com

Mail To: _____ Condominium Association
c/o Corner Property Management, LLC AAMC
PO Box 297
Springfield, NJ 07081

DATE:

UNIT ADDRESS:

Section A - Resident Information

Owner Name		Email Address	
Co-Owner Name		Email Address	
Number of People in Residence	Key Fob Number		Is unit rented Yes or No (circle one)
Billing Address (If different from unit address)		Primary Email	
Home Phone	Work Phone	Cell Phone	

Section B - Emergency Contact Information (Person to be contacted if you are unavailable in case of emergency)

Name	Relationship	Does this person have a key Yes or No (circle one)
Home Phone	Work Phone	Cell Phone

Section C - Occupant Information

Number of Residents	Number of Adults	Number Under 18	
Are there any pets in the unit? Yes. Or No. (circle one)	If yes, indicate type:	Breed & Color	License Number

Section D - Vehicle Information (If you do not own a car, please indicate "no car". All vehicles must be registered with the association)

Make	Model	License Plate #	Parking Spot (if applicable)

Section E - Tenant Information (If applicable). **COPY OF LEASE MUST BE SUBMITTED WHEN RETURNING CENSUS**

Lease Begin Date:		Lease End Date:	
Tenant Name	Tenant Home Number	Tenant Work Number	Tenant Cell Number
Tenant Email:			
Tenant Emergency Contact			
Name, Phone Number & Email Address			

12/2023