

**CONDOMINIUM RESIDENCES I OF FALLSGROVE
RESIDENT INFORMATION FORM
(PLEASE PRINT ALL INFORMATION)
SECTION #1 MUST BE FILLED IN COMPLETELY**

1. Unit Owner's Name(s): _____

Unit Address: _____

Unit Phone Number: _____

2. Owner's Address if Non-Resident: _____

Owner's Home Phone Number: _____

Owner's Office/Cell Phone Number: _____

Spouse's Office/Cell Phone Number: _____

E-mail Address: _____

3. Name of **ALL** Residents Occupying Unit/Tenants Name(s) if Rented:

Resident Name: _____

Resident Name: _____

Resident Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

4. Automobile Information:

Color: _____ Make: _____ Model: _____ Tag/State#: _____

Color: _____ Make: _____ Model: _____ Tag#/State: _____

5. Pet Information:

Type of Pet: _____ Name: _____ Color: _____

Type of Pet: _____ Name: _____ Color: _____

6. Emergency Contact Information:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Signature

Date

**Please return this completed form to Abaris Realty, Inc., 7811 Montrose Road, Suite 110, Potomac, MD 20854 or FAX (301) 468-0983, Attn: Shireen Ambush
Please be assured that this information is for emergency use only and will be kept confidential**