



**PARK EDGE CONDOMINIUM ASSOCIATION
OWNER/TENANT REGISTRATION FORM**

Unit Owner(s): _____

Unit Owner(s) Address: _____

Owner Home Phone: _____ Owner Cell Phone: _____

E-mail: _____

(If you are leasing your unit, please complete & provide a signed copy of the lease & addendum)

Tenant(s) Name: _____

Unit Address: _____

Lease Begin Date: _____ **Lease End Date:** _____

Tenant Home Phone: _____ **Tenant Cell Phone:** _____

Tenant E-mail: _____

Vehicle Information:

Vehicle #1: Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____

Vehicle #2: Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____

Emergency Contact (should not be someone living in unit): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pets: # dogs: _____ # cats: _____

Please note number of residents in unit for police or fire emergencies: #adults: _____ #children: _____ #seniors: _____

THIS INFORMATION IS ESSENTIAL & MUST BE PROVIDED

Complete & return to: Gervin Realty, 1280 Rt. 46, Parsippany, NJ 07054