

GREENHILL SHOPPING CENTER CONDOMINIUM ASSOCIATION

OWNER/TENANT REGISTRATION FORM

Unit Owner(s): _____

Unit Owner(s) Address: _____

Owner Home Phone: _____ Owner Cell Phone: _____

E-mail: _____ Date of Birth: _____

(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: _____ **Date of Birth:** _____

Vehicle Information:

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

License Plate #: _____ Color: _____

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

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

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

Homeowner Insurance Co.: _____ Policy #: _____

Expiration Date: _____

THIS INFORMATION IS ESSENTIAL & MUST BE PROVIDED

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