



**UNIT OWNER AND RESIDENT INFORMATION SHEET**

Information for the Security and Safety of the Residents

**I. OWNER NAME/S:** \_\_\_\_\_ **UNIT NUMBER** \_\_\_\_\_

\_\_\_\_\_  
**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

\_\_\_\_\_  
**Joint Owner's First Name, (if applicable)** \_\_\_\_\_ **Last Name** \_\_\_\_\_

\_\_\_\_\_  
**Mailing Street Address/PO Box** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Do You Reside In The Unit?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Owner's Phone Number:** Cell \_\_\_\_\_ **Landline** \_\_\_\_\_

**Joint Owner's Phone Number:** Cell \_\_\_\_\_ **Landline** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Would you prefer to receive association correspondence via email?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Is the unit leased?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, what is the start/end date?** \_\_\_\_\_

**II. ADDITIONAL RESIDENT(TENANT) INFORMATION if different from Owner Information:**

1. \_\_\_\_\_  
First Name Last Name Phone Number Email

2. \_\_\_\_\_  
First Name Last Name Phone Number Email

**EMERGENCY CONTACT:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Do any of the above residents require special assistance during an emergency or evacuation? If so, please specify the person(s) name, and specifics of their requirement:** \_\_\_\_\_

**III. PET INFORMATION**

Number/Breed of Resident Dog(s): \_\_\_\_\_ Number of Resident Cat(s): \_\_\_\_\_

**V. VEHICLES:** License Plate# \_\_\_\_\_ Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**PLEASE RETURN RESIDENT INFO SHEET BY:**  
**USPS MAIL:** Felner Corporation, 35 Brentwood Avenue, Fairfield, CT 06825  
**EMAIL:** [info@felnercorp.com](mailto:info@felnercorp.com)  
**FAX:** 203.331.4775