



COMMUNITY REGISTRATION FORM

RESIDENT INFORMATION

Name: _____ Age: _____ Sex: _____

Building/Unit: _____ Tag#: _____

Phone #: _____

Email: _____

Parking Space #: _____

Lease Exp: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone #: _____

Email: _____

RESIDENT & STAFF SIGNATURES

The above information is true to the best of my knowledge. I consent to holding River Place and/or River Place Owners' Association irrefragable from accidents and injuries resulting from use of its facilities. I understand that by signing this document, I am in compliance of the rules and regulations set out by River Place and River Place Owners' Association.

Resident Signature

Date:

Staff Signature

Date:

