



**Seawinds Townhouse  
Community Registration**

**Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

Alternative Mailing Address: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Owner Occupied:       Yes       No

Tenant Name(s) if Applicable: \_\_\_\_\_

Tenant Phone Number if Applicable \_\_\_\_\_

**(Include a copy of the lease if the unit is a rental property.)**

**Motor Vehicle Information:**

Number of Vehicles: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

State and License Plate Information: \_\_\_\_\_

Vehicle Identification Number: (VIN): \_\_\_\_\_

**Vehicle Two (If Applicable):**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

State and License Plate Information: \_\_\_\_\_

Vehicle Identification Number: (VIN): \_\_\_\_\_

I certify that all of the information indicated on this form is correct to the best of my knowledge.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return To:**  
**Association Advisors NJ**  
**19 West Main Street, Freehold NJ 07728**  
**Email [Help@askaa.com](mailto:Help@askaa.com) Fax 732-294-8884**