

OWNER/TENANT INFORMATION SHEET

UNIT # _____ MOVE-IN DATE: _____

OWNER(S) NAME: _____ PHONE(C): _____

OWNER(S) NAME: _____ PHONE(C): _____

PHONE(W): _____ PHONE(W): _____

OWNER#1 EMAIL: _____ OWNER#2 EMAIL: _____

RENTAL AGENT OR MGMT CO: _____ PHONE: _____

NAME(S) OF OCCUPANTS: (TENANT OR OWNER)

ADULT MALE: _____

ADULT FEMALE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ TENANT EMAIL: _____

CHILDREN:

- 1. _____ AGE: _____
- 2. _____ AGE: _____
- 3. _____ AGE: _____
- 4. _____ AGE: _____

OTHER OCCUPANTS:

- 1. _____ RELATION: _____ AGE: _____
- 2. _____ RELATION: _____ AGE: _____

PET DESCRIPTION (IF PERMITTED BY OWNER): NUMBER OF _____ DOG(S) _____ CAT(S) _____ OTHER
IF OTHER, WHAT TYPE OF ANIMAL DO YOU HAVE? _____

PET #1-BREED _____ COLOR _____ SHOTS _____

PET #2- BREED _____ COLOR _____ SHOTS _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____

VEHICLE(S): ONLY ONE VEHICLE CAN BE PARKED IN THE PARKING LOTS. ALL OTHERS MUST BE PARKED IN THE VISITOR SPACES OUTSIDE THE FENCED AREAS.

- 1. MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE# _____
- 2. MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE# _____

*THIS FORM MUST BE COMPLETED AND RETURNED TO THE MARINER HOUSE OFFICE WITHIN TEN (10) DAYS OF YOUR MOVE-IN DATE. A \$25 FINE WILL BE ASSESSED TO YOUR UNIT FOR EACH MONTH THAT THIS FORM IS NOT ON FILE WITH THE OFFICE MANAGER.

MAIL TO: P.O. BOX 16498
GALVESTON, TEXAS 77552