


2022 CUSTOMER PROFILE (TIS)

LOT ADDRESS:					PRIMARY EMAIL:				
#ADULTS _____		#PPL UNDER 18 _____		#PETS _____		#DOG _____		#CAT _____	
Occupants:									
	Last Name, First Name			DOB		RELATION		TEN/RES/OCC/GUEST	
1									
2									
3									
4									
5									
6									
PLATE #:		COLOR:		VEHICLE MAKE:		VEHICLE MODEL:		YEAR:	
PET NAME:		WEIGHT/BREED:		DOB/COLOR:		DATE ACQUIRED:		ESA CERTIFIED:	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
UTILS + INS					CONTACT INFORMATION:				
ELECTRICITY ACCOUNT #:				PRIMARY PHONE:			TEXT ENABLED <input type="checkbox"/>		
FUEL SERV. ACCOUNT #:				SECONDARY PHONE:			TEXT ENABLED <input type="checkbox"/>		
INSURANCE POLICY #:				SECONDARY E-MAIL:					
INSURED BY:				EMPLOYER'S NAME:					
AGENT'S NAME:				EMPLOYER'S ADDRESS:					
AGENT'S NUMBER:				EMPLOYER'S PHONE:					
RESIDENT?		Y or N			IN CASE OF EMERGENCY I.C.E.				
HOME PURCHASED FROM:					CONTACT NAME (DOES NOT RESIDE IN HOME):				
DATE:					ADDRESS:				
PRICE:									
MAKE OF HOME:					PHONE:		TEXT ENABLED <input type="checkbox"/>		
SIZE OF HOME:					EMAIL:				
YEAR OF HOME:					DOCTOR APPROVED LIFE SUPPORT REQUIRED <input type="checkbox"/>				
# OF BEDROOMS:									
# OF BATHROOMS:									
SERIAL NUMBER:									
ENTIRE FORM MUST BE COMPLETED (LEAVING NO BLANK SPACES) AND RETURNED TO OUR LOCAL OFFICE ALONG WITH:									
		CURRENT INSURANCE DEC PAGE							
		CURRENT VEHICLE REGISTRATION							
		CURRENT VEHICLE INSURANCE							
		COPY OF TITLE							
<small>ALL RESIDENTS OF THE PARK MUST MAKE AN APPOINTMENT TO TAKE THEIR ANNUAL PICTURE AT OUR SALES OFFICE. THIS INCLUDES ALL CHILDREN AND PETS.</small>									
<small>IF ANY OF THE INFORMATION ON THIS FORM IS FALSE, (I/WE) AGREE THAT THE LANDLORD HAS THE RIGHT TO EVICT.</small>									
SIGNATURE:					DATE:				

