

COLLEGE PINES CONDOMINIUM
TENANT REGISTRATION

UNIT OWNER WITH TENANT: PLEASE COMPLETE THIS FORM

UNIT ADDRESS AND CONDO

#: _____

OWNER NAME AND ADDRESS:

TENANT'S NAME

_____NUMBER OF

PEOPLE LIVING AT UNIT _____PETS

(NUMBER AND BREED) _____

TENANT PHONE #

VEHICLE MAKE AND MODEL

_____LICENSE PLATE NUMBER

MANAGEMENT COMPANY

_____CONTACT PERSON AT

MANAGEMENT COMPANY _____

ADDRESS/TELEPHONE

#: _____

You may email this registration form back to the management office if you wish. The email address to send the information to is bettyl@cfl.rr.com

The mailing address is College Pines Condo Association, P.O. Box 237554, Cocoa, Florida 32923-7554

If there is a question, please call 321-631-0000