

# Fountainhead West Condominiums

1017 STEVENS CREEK RD AUGUSTA, GEORGIA 30907 PHONE (706) 860-8568  
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*Please complete this form in its entirety. Failure to provide all required information may result in additional penalties/fines assessed against the owner's association account. If you need additional space, please complete an additional form.*

## Tenant Registration Form

Unit #: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Manager/Agent: \_\_\_\_\_  
Agent's Phone Number: \_\_\_\_\_  
Agent's Email: \_\_\_\_\_  
Leaseholder's Name: \_\_\_\_\_  
Leaseholder's Phone Number: \_\_\_\_\_  
Leaseholder's Email: \_\_\_\_\_

Lease Begin: \_\_\_\_\_

Lease End: \_\_\_\_\_

*For FHC use only.*

Code: \_\_\_\_\_

Date: \_\_\_\_\_

**Vehicle Registration: Please list all vehicles associated with the unit. Vehicles not registered with the office are subject to towing:**

Vehicle #1 Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Vehicle #2 Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

**Additional Occupants: Please list ALL occupants of the unit including children.**

Occupant 1 Name \_\_\_\_\_ Age \_\_\_\_\_

Occupant 2 Name \_\_\_\_\_ Age \_\_\_\_\_

Occupant 3 Name \_\_\_\_\_ Age \_\_\_\_\_

Occupant 4 Name \_\_\_\_\_ Age \_\_\_\_\_

Occupant 5 Name \_\_\_\_\_ Age \_\_\_\_\_

Occupant 6 Name \_\_\_\_\_ Age \_\_\_\_\_

**Tenant's Pet Information: Please list ALL pets associated with the unit.**

Pet #1 Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Distinguishing Marks / Spots: \_\_\_\_\_ County License #: \_\_\_\_\_

Has Your Pet Been Neutered? Yes / No Licensed Service or Support Animal? Yes / No

Pet #2 Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Distinguishing Marks / Spots: \_\_\_\_\_ County License #: \_\_\_\_\_

Has Your Pet Been Neutered? Yes / No Licensed Service or Support Animal? Yes / No

Pet #3 Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Distinguishing Marks / Spots: \_\_\_\_\_ County License #: \_\_\_\_\_

Has Your Pet Been Neutered? Yes / No Licensed Service or Support Animal? Yes / No

**I/We have provided our tenant a copy of the community rules/regulations and will hold them responsible for abiding by the rules/regulations. I/we understand that violations by the tenants of community rules/regulations may result in fines/penalties against the Owner of the unit pursuant to Article VI, Section 1 (a) and Article VII Section 3 of the By-Laws.**

**Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_**

*Return to Fountainhead West Condominiums by placing in drop box, or email, or mail within 10 days of occupancy date or 10 days of receipt of this request if already an existing resident.*



