



As a property owner, you are also a member of the Homeowners Association. The rules and regulations require collection of the following information about each unit Owner and Tenant/Resident. Please help us keep accurate records by completing the form and returning to the office or email address above. Be sure to provide us with an updated form as often as any of the information shown below may change.

As a reminder, Rental Unit Owners must provide this information every time a new Tenant moves in:

DATE: _____

OWNER INFORMATION

OWNER 1:

Name: _____ Email: _____

Property Address: _____ Mailing Address: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ Driver's License State/#: _____

Employer Name: _____ Emerg Contact & Relation: _____

Work Phone: _____ Emergency Phone: _____

OWNER 2:

Name: _____ Email: _____

Property Address: _____ Mailing Address: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ Driver's License State/#: _____

Employer Name: _____ Emerg Contact & Relation: _____

Work Phone: _____ Emergency Phone: _____

NOTE: Please Complete Vehicle & Pet Info on the Back.

Property Management and the Association will protect this information and only use it to provide: statements, newsletters, updates, agendas & meeting information or in case of an emergency.

TENANT/RESIDENT INFORMATION

- Assoc. Rules Provided By Owner?
- Rented - Signed Lease Available?
- Currently Vacant

TENANT 1: *(Please Provide Office with a Signed Copy Of The Current Lease)*

Full Name:	Lease Date & Monthly Rent:
Address:	Home Phone:
	Cell Phone:
Driver's License State/#:	Email:
Employer Name:	Emerg Contact & Relation:
Work Phone:	Emergency Phone:

TENANT 2:

Full Name:	Lease Date & Monthly Rent:
Address:	Home Phone:
	Cell Phone:
Driver's License State/#:	Email:
Employer Name:	Emerg Contact & Relation:
Work Phone:	Emergency Phone:

– OWNER'S ARE REQUIRED TO MAINTAIN A COPY OF THE CURRNT LEASE ON FILE WITH THE OFFICE –
Please contact our office or email us at info@ccpmde.com

VEHICLE INFO:

Vehicle 1 –		Vehicle 2 –	
Color:	Year:	Color:	Year:
Make:	Model:	Make:	Model:
License Plate #:	State:	License Plate #:	State:

PET INFO: *(Assoc. rules may restrict number & type of pets allowed)*

Name:	Circle One: Cat / Dog / Other:		
Breed:	Age:		
Color/Markings:	Weight:		
License/Tag #:	Issue Date:	Last Shots On:	Expires:

Please provide a copy of your pets' current shot record and your [New Castle County Registration/Dog License](#). Licenses are issued for a calendar year & can be purchased for one, two or three-year periods.