

HAMPTON TOWNE ESTATES RESIDENT/OWNER QUESTIONNAIRE

Owner/s Name _____

Owner of Unit No. _____

Pet: Yes or No (**circle one**)

If yes – please sign Pet Policy Agreement

Type of Pet: _____

Names of occupants:

Mailing Address: _____
Street Town State Zip

Telephone Nos. _____
Home Work or Emergency Contact number

Email Address (if don't have email address, please indicate preferred method of mail delivery):

(ex. Bob21@yahoo.com, prefer mail, prefer fax) _____

NON-RESIDENT QUESTIONNAIRE (only applies if leasing unit)

Tenants Name (first and last) _____

Tenants of Unit No. _____

Number of occupants currently: _____

Names of occupants: _____

Pets: Yes or No (**circle one**)

If yes – please sign Pet Policy Agreement

Type of Pet: _____

Telephone Nos. _____
Home Work for Emergency Use

***Email Address:** _____
Address

*This information is requested only if owner prefers Property Manager to contact tenant instead of owner directly should there be areas of concern.

**PLEASE RETURN THIS FORM TO S.S. MAGUIRE MANAGEMENT,
P.O. BOX 165, HAMPTON, NH 03843
brian@maguiremanagemnt.com
Fax 603-386-6218**

**HAMPTON TOWNE ESTATES
VEHICLE REGISTRATION FORM**

Name: _____

Unit No. _____

1 Vehicle Information:

Make: _____

Model: _____

Color: _____

License Plate No./State: _____

#2 Vehicle Information:

Make: _____

Model: _____

Color: _____

License Plate No./State: _____

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