HAMPTON TOWNE ESTATES
RESIDENT/OWNER QUESTIONNAIRE

Owner/s Name_____

Owner of Unit No._____

Pet: Yes or No (**circle one**) **Type of Pet**: _____
If yes – please sign Pet Policy Agreement

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**) **Type of Pet**: _____
If yes – please sign Pet Policy Agreement

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 Hampton Towne Estates
Mark Ericson: htepropertymanager@gmail.com
Or put in Drop Box in the mailroom

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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