

# PETRIN PLACE HOMEOWNERS' ASSOCIATION

## - NEW RESIDENT INFORMATION SHEET FOR ROSTER -

**EVERY NEW RESIDENT MUST FILL THIS FORM OUT COMPLETELY  
BEFORE A MOVE-IN WILL BE AUTHORIZED**

PRINT, FILL AND DROP AT FRONT OFFICE OR EMAIL A SCANNED COPY TO [petrinimanager@bwpm.com](mailto:petrinimanager@bwpm.com)

UNIT # \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Check ONE box below to describe the status of those residing inside the unit and filling out this form:

OWNER  RENTER  SUBLLESSOR  FAMILY OWNER / CHILDREN LIVE IN UNIT

**RESIDENT INFORMATION** (The two primary ADULTS who will live inside the unit regardless of rent or own status)

- If more than 2 individuals live within the unit, only fill in the two primary adults in this section)

1. FIRST, LAST \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. FIRST, LAST \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OWNER INFORMATION** (Those individuals named is on the DEED and/or partner or spouse of owner)

SAME PERSONS AS RESIDENTS ABOVE – OWNERS LIVE IN UNIT  (IF YOU CHECK THIS BOX SKIP TO NEXT SECTION)

1. FIRST, LAST \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. FIRST, LAST \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PET INFORMATION**

HAVE DOG(S)  (If YES, please CHECK box and provide VACCINATION PROOF FOR EACH PET ALONG WITH THIS FORM)

DOG NAME (1): \_\_\_\_\_ VACCINATED  (Check if YES – attach proof)

DOG NAME (2): \_\_\_\_\_ VACCINATED  (Check if YES – attach proof)

DOG NAME (3): \_\_\_\_\_ VACCINATED  (Check if YES – attach proof)

**CALL BOX AT FRONT ENTRY** (We place Last Name and First Initial in our front door directory for visitors and deliveries)

1. FIRST INITIAL, LAST NAME \_\_\_\_\_ Phone: \_\_\_\_\_ (**MUST BE A 415 AREA CODE**)

2. FIRST INITIAL, LAST NAME \_\_\_\_\_ Phone: \_\_\_\_\_ (**MUST BE A 415 AREA CODE**)

3. FIRST INITIAL, LAST NAME \_\_\_\_\_ Phone: \_\_\_\_\_ (**MUST BE A 415 AREA CODE**)