

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

UNIT # _____ DATE ____/____/____

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

OWNER ☐ RENTER ☐ SUBLESSOR ☐ 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)