



*A Nice Place To Call Home*

## SANTA CLARA **RESIDENT INFORMATION FORM**

Dear Resident: Please fill out the following registration form and return to your community office. This information will be kept confidential and is used in such cases as fire, storms etc. If you have any changes throughout the year, please notify your community office.

### GENERAL INFORMATION

Primary Resident Names: \_\_\_\_\_ Date filling out form: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Site Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

**(PLEASE CIRCLE THE NUMBER TO BE USED FOR EMERGENCY AUTO CALLING SERVICE)**

### HOME OWNER, RESIDENT, LESSEE, OCCUPANT INFORMATION (List ALL occupants living in home)

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

### HOME INFORMATION

Name on Title to home: \_\_\_\_\_

Make of Home: \_\_\_\_\_ Width/Length of home: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Year: \_\_\_\_\_

***A COPY OF THE TITLE TO YOUR HOME MUST BE ON FILE AT THE OFFICE PER OHIO LAW. PLEASE PROVIDE A COPY UPON RETURNING THIS FORM TO THE OFFICE.***

### VEHICLE REGISTRATION

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Vehicle #1 \_\_\_\_\_ License Plate Vehicle #2 \_\_\_\_\_

#### ***VEHICLE #3 – MUST HAVE APPROVAL FROM MANAGEMENT***

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Current Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Cell or Secondary Number: \_\_\_\_\_

Address: \_\_\_\_\_

### PETS IN THE HOUSEHOLD

What pets are present in your home? Cat Dog Type of dog: \_\_\_\_\_

What pets are present in your home? Cat Dog Type of dog: \_\_\_\_\_

Have you provided a copy of the current year's dog(s) registration and vaccination record? Yes No

If you answered no, please provide this information upon returning this form to the office.

### IF THERE IS A LOAN ON YOUR HOME

Name of Bank/Finance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_