



We are currently performing an annual resident audit for Barrington Park to have the most accurate information on occupants for benefit of communication, access to amenities, and required HOA information. If your unit is leased or you are in the process of leasing your unit, please confirm by responding to this with your unit #, tenant's name, and contact information.

If your unit is managed by a property management company, please provide the name of the management company and agent. The association needs a copy of the lease along with the association required lease addendum. We have leases and addendums on file but must confirm with certainty that the information we have is up to date. We are also in the process of updating the pet registration for the association.

Please provide as much information on your pets as possible, including: your unit number, name of pet, clear and colored photos of them, and their current vaccination forms.

All owners and tenants: please provide the information needed on the following pages. We need this information by 5/5/2021 if not sooner.

Owners Name: _____ **Unit Number:** _____ **Phone Number:** _____

Email Address: _____ **Key Card Numbers:** _____

Gate clicker #(s): _____

Occupant Names:

(If you have children under 16 years of age, please provide their date of birth above)

Garages/ storage units (if any, specify if it is rented or owned): _____

Resident info

Phone number: _____

Email Address: _____

Car information:

(OVER)

1. Make _____ Model _____ Tag _____ # _____ Number of wristbands received (yellow and white): ____
2. Make _____ Model _____ Tag _____ # _____ Check this box if your unit is owner occupied
3. Make _____ Model _____ Tag _____ # _____ Provide your vehicle registration.

Provide a picture of a photo ID of both you and the tenant. Provide copies of all closing documents related to the purchase of your condo. Provide a copy of your signed HOA documents. Provide a copy of your homeowner's insurance. If you or your tenants have pets, please attach copies of their vet records, up to date vaccinations, and two colored photographs.

Check this box if you wish to opt-out of community emails

Signature: _____

Date: _____

Tenants Name: _____ Unit Number: _____ Phone Number: _____

Email Address: _____ Key Card Numbers: _____

Gate clicker #(s): _____

Occupant Names:

(If you have children under 16 years of age, please provide their date of birth above)

Garages/ storage units (if any, specify if it is rented or owned): _____

Car information:

1. Make _____ Model _____ Tag _____ # _____ Number of wristbands received (yellow and white): ____
2. Make _____ Model _____ Tag _____ # _____ Provide a picture of your photo ID.
3. Make _____ Model _____ Tag _____ # _____ Provide your vehicle registration.

Provide information of your landlord including their email and phone number. If you have pets, please attach copies of their vet records, up to date vaccinations, and two colored photographs. Provide a copy of your renter's insurance.

Check this box if you wish to opt-out of community emails

Signature: _____ Date: _____