RESIDENT REGISTRATION

Alexandria Knolls West

Owner / Tenant Information

☐ Owner – Purchase Date	☐ Tenant – Lease Period	Unit #
Full Name		

Mailing Address (for off-site owners)	Street Address
	City, State, Zip

Check which number to use on telephone entry system:

☐ Home Phone	☐ Work Phone	☐ Cell Phone
Parking Space (s) #		
Storage Bin (s) #		
Email address		

Other Occupant Information

Name	Phone Number	Relationship to Owner / Tenant
Name	Phone Number	Relationship to Owner / Tenant
Name	Phone Number	Relationship to Owner / Tenant
Name	Phone Number	Relationship to Owner / Tenant

Emergency Contact Information

Name	Phone Number	Relationship to Owner / Tenant

I request a copy of my unit key be added to the Knox Box.*   ☐ Yes   ☐ No
*Owner must provide key to be included. See Handbook for more information.

I need help exiting the building in the event of an emergency.   ☐ Yes   ☐ No

_____   _____
Owner / Tenant Signature   Date