

Circle Tree Registration Form

UNIT# _____ Move-In Date: _____ Move-Out Date _____

Name(s): _____

EMAIL(s): _____ / _____

LIST NAMES OF ADDITIONAL AUTHORIZED OCCUPANT(S) LIVING IN UNIT:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

PET NAME: _____ Breed: _____ Color: _____ Weight: _____

THE ASSOCIATION ALLOWS 1 PET PER UNIT UNDER 20 POUNDS.

VEHICLE(S):

Make: _____ Model: _____ Year: _____ LIC# _____ ST: _____ Color: _____

Make: _____ Model: _____ Year: _____ LIC# _____ ST: _____ Color: _____

I, _____, owner/property manager of Unit _____, do hereby certify that I personally performed a criminal background check on all persons listed above over the age of 18 and that they have no Felony convictions within the past seven years, or are required to register as a Level 2 or Level 3 Sex Offender.

Signed: _____ Printed Name: _____ Date: _____

OFF-SITE OWNER OR LANDLORD:

NAME _____ EMAIL _____

ADDRESS _____ CITY/STATE _____ ZIP _____

CELL PHONE _____ HOME PHONE _____

IS UNIT USED AS A RENTAL PROPERTY? YES NO

IF YES, NAME OF MANAGEMENT CO. _____

ADDRESS _____ CITY/STATE _____ ZIP _____

CONTACT NAME _____ EMAIL _____

OFFICE PHONE _____ FAX _____ CELL PHONE _____

IF LIVING PART TIME: DATES USUALLY HERE _____