

## **Villaggio Resident Information Form**

(please print clearly or type)

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

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

Security Code *(retain for your records)*: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### **OCCUPANTS LIVING AT THIS ADDRESS**

(please include EVERY person residing at this address)

| Last Name | First Name | Status (owner, child, tenant, etc.) |
|-----------|------------|-------------------------------------|
|           |            |                                     |
|           |            |                                     |
|           |            |                                     |
|           |            |                                     |
|           |            |                                     |
|           |            |                                     |
|           |            |                                     |

### **EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **VEHICLE INFORMATION**

**Make:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag:** \_\_\_\_\_

**Model/Body Type/Year:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag:** \_\_\_\_\_

**Model/Body Type/Year:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag:** \_\_\_\_\_

**Model/Body Type/Year:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag:** \_\_\_\_\_

**Model/Body Type/Year:** \_\_\_\_\_

**RESIDENT INFORMATION (page 2):**

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

**PERMANENTLY GUEST LIST**

*This section refers to people you would authorize to visit you at any time, WITHOUT HAVING TO CALL FOR APPROVAL (relatives, close friends, maid, etc.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**CONTRACTOR/VENDORS:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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