

NAME		UNIT #
LOCAL ADDRESS		
LOCAL PHONE #	AWAY PHONE #	
AWAY ADDRESS		
CITY	STATE	ZIP
ARE YOU A FULL-TIME RESIDENT? (YES/NO)		
IF PART-TIME RESIDENT SPECIFY OCCUPANCY PERIODS		
NEAREST RELATIVE'S NAME		PHONE NUMBER
RELATIVE'S ADDRESS		
CITY	STATE	ZIP
OTHER OCCUPANTS IN UNIT?		RELATIONSHIP
EMAIL ADDRESS (OPTIONAL) _____		
May we publish your email address in the Directory? _____		
ADDITIONAL INFORMATION:		

WATERFRONT CONDOMINIUM

OWNER/LESSEE DATA SHEET

WATERFRONT PARKING INFORMATION
MARCH 2004

AUTOMOBILE INFORMATION:

VEHICLE #1

Type & Color _____

State of Registration & Tag # _____

VEHICLE #2

Type & Color _____

State of Registration & Tag # _____

VEHICLE #3

Type & Color _____

State of Registration & Tag # _____

PLEASE INDICATE WHICH OF THE FOLLOWING YOU OWN:

Garage: Yes _____ If Yes, # _____ No _____

Parking Space(S) Vehicle 1. # _____ Vehicle 2. # _____

DO YOU USE THE SPACE(S) EXCLUSIVELY FOR YOUR OWN VEHICLES?

Yes _____ No _____

IF NO, HAVE YOU GIVEN PERMISSION TO ANOTHER WATERFRONT RESIDENT TO USE YOUR PARKING SPACE(S)? Yes _____ No _____

If Yes, Please Indicate The Name Of The Resident And Parking Space Number Below:

Resident With Permission To Use Your Space:

_____ SPACE # _____

If You Have A Guest For A Visit, Please Notify the Building Manager So He Can Be Aware Of This Temporary Usage, The Parking Space Numbers And The Dates It Will Be Used.