

# OKA TOWERS CONDOMINIUM RESIDENTS INFORMATION SHEET

All information provided hereafter is confidential and will not be released without the prior consent of the resident.

UNIT NUMBER: \_\_\_\_\_ MOVED IN DATE: \_\_\_\_\_

PARKING NUMBER: \_\_\_\_\_ YES / NO

NAME OF PERSON(S) RESIDING IN UNIT: (Please check: OWNER TENANT)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

VEHICLE(S):	LICENSE NO.	MAKE / MODEL
_____	_____	_____
_____	_____	_____
_____	_____	_____

PET'S NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_

TELEPHONE CONTACTS:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ FAX/PAGER/CELL: \_\_\_\_\_

MONTHLY STATEMENT: (POWER/COMMON AREA FEE):

Email address: \_\_\_\_\_

Please return to Manager's office, lobby floor at the earliest possible time.  
If office is closed, please, drop it at the Drop Box at the Mail Room.  
Thank you

Form 4/18/2011

RESIDENT HEREBY AGREE'S THEY HAVE ACCEPTED A COPY OF THE HOUSE RULE  
AND WILL ABIDE BY THEM

\_\_\_\_\_  
SIGN