## ANNUAL RENTER PROFILE AS OF 7/1/2019

Clearview Heights / 200 Lambert Terrace, No. 87 / Chicopee, MA 01020

## UNIT <u>NUMBER</u>

## CONFIDENTIAL INFORMATION To be completed by Renter

Please complete this form and mail it to the above address as soon as possible, but no later than 8/1/2019.

Name(s) on lease:					
Renter's telephone number Unlisted? Yes No [  (Please complete even if unlisted. We may need to contact you in an emergen					
(Please com	iplete even if i	unlisted. \	We may need to contact you in a	ın emerg	ency.)
Please provide your e-mail address.	Our primary	y comm	unication is via e-mail and	our WE	B site.
Do you have an e-mail address? Yes	i 🗌 No 🗌	If "	Yes" do you have a printer	? Yes	□ No □
My (our) e-mail address is:					
	ou change y	our e-m	ail address, please let us kno	W.	
Secondary e-mail address:	d also be a p	erson y	ou would like to receive our e	-mails o	n your behalf.
If you do NOT have e-mail but you do number and the name of your carrier removal etc.	(AT&T, Veri	izon, etc	c.) so we can keep you up-t	o-date a	about snow
Full Names of all Residents (A			and Resident Minor's ages II Names of Resident Childi		age 18: Child's Age
Tuli Names of Resident Addits		1 4	ii Names of Resident Offici	CII	Office 3 Age
List ALL Motor Vehicles of Re	sidents and	l Visitor	s on the property <u>6 or more</u>	times a	a month:
Vehicle Make and Model		ar	Plate Number	Resident/Visito	
				+	
Renter's emergen	icy contact	informa	tion (if you wish to provide	it).	
Name:					
Address:					
City, State, Zip:					
Phone:					
Name of Unit Owner					