Edison Glen Condominium Association, Inc.Please Return to: 1304 Edison Glen Terrace, Edison, NJ 08837

Tenant Census Form/Vehicle Registration

City:State:Zip:	Date:	Please	Print Clearly	<i>y!</i> Un	it Number:
Name					
Name	Please list all Tenants who reside is	n the unit, in	cluding children:		01.11.4
Name	Name				
Name YN Name Name Name Name Name Name Name Nam					
Name					
Cell Phone: () Other: ()					
City:State:Zip:	Home Phone: () Cell Phone: ()		Tenant's Work Other: ()	Phone: (_)
City:	Landlord's Mailing Address:				
Fireplace: YES NO FENANT VEHICLE INFORMATION (Only two vehicles permitted) Make/Model: Color: Plate #: Year Make/Model: Color: Plate #: Year For Office Purposes Only: Wehicle #1 Parking Permit # Lease Expiration Date Wehicle #2 Parking Permit # In Case of an Emergency, Please Notify: Name: Relationship: Home Phone: () Work Phone: () Cell Phone: () Other: () I hereby state that the above information is correct, including the listing of all occupants and I will notify the Management office of any changes.	Street Address:				
Fireplace: YES NO TENANT VEHICLE INFORMATION (Only two vehicles permitted) Make/Model: Color: Plate #: Year Make/Model: Color: Plate #: Year For Office Purposes Only: Wehicle #1 Parking Permit # Lease Expiration Date Wehicle #2 Parking Permit # In Case of an Emergency, Please Notify: Name: Relationship: Home Phone: () Work Phone: () Cell Phone: () Other: () Thereby state that the above information is correct, including the listing of all occupants and I will notify the Management office of any changes.	City:		State:	_ Zip:	
For Office Purposes Only: Vehicle #1 Parking Permit # Lease Expiration Date Vehicle #2 Parking Permit # In Case of an Emergency, Please Notify: Name: Relationship: Home Phone: () Work Phone: () Cell Phone: () Other: () I hereby state that the above information is correct, including the listing of all occupants and I will notify the Management office of any changes.	Make/Model:	Color: _	Plat	e #:	Year
Vehicle #1 Parking Permit # Lease Expiration Date Vehicle #2 Parking Permit # Lease Expiration Date Vehicle #2 Parking Permit # Lease Expiration Date	Make/Model:	Color: _	Plat	.е #:	Year
Name: Relationship: Home Phone: () Work Phone: () Cell Phone: () Other: () I hereby state that the above information is correct, including the listing of all occupants and I will notify the Management office of any changes. X			Lease Expirati	ion Date	
Home Phone: () Work Phone: () Cell Phone: () Other: () I hereby state that the above information is correct, including the listing of all occupants and I will notify the Management office of any changes. X	In Case of an Emergency, l	Please Not	ify:	tionahini	
Cell Phone: () Other: () I hereby state that the above information is correct, including the listing of all occupants and I will notify the Management office of any changes. X	Home Phone: ()	Work Phone: ()			
occupants and I will notify the Management office of any changes. X	Cell Phone: ()		Other: ()		
Signature of Tenant Date					