**Resident Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Building No.:** |       | **Unit No.** |       |
| **Please list all adult residents permanently residing in the unit:** |
|  |  |  |  |
| Name: |       | Phone (Home): |       |
|  |  |  |  |
| Email: |       | (Work): |       |
|  |  |  |  |
|  |  | (Cell): |       |
|  |  |  |  |
| Name: |       | Phone (Home): |       |
|  |  |  |  |
| Email: |       | (Work): |       |
|  |  |  |  |
|  |  | (Cell): |       |
|  |  |  |  |
| Name: |       | Phone (Home): |       |
|  |  |  |  |
| Email: |       | (Work): |       |
|  |  |  |  |
|  |  | (Cell): |       |
| **Please list and children permanently residing in the unit:** |
|  |  |  |  |
| Name: |       | Age: |       |
|  |  |  |  |
| Name: |       | Age: |       |
|  |  |  |  |
| Name: |       | Age: |       |
|  |  |  |  |
| Name: |       | Age: |       |

|  |
| --- |
| **Please provide owner information here if you are the lessee:** |
|  |  |  |  |
| Name: |       | Phone (Home) |       |
|  |  |  |  |
| Offsite Address: |       | (Work): |       |
|  |  |  |
|       |  (Cell): |       |
|  |  |  |  |
| Email: |       |  |  |

|  |
| --- |
| **PLEASE TURN PAGE OVER****Please list any resident that will require assistance during an emergency:** |
|  |  |  |  |
| Name: |       |  |  |
|  |
| Duration of condition: |       | Temporary: [ ]   | Permanent: [ ]   |
|  |  |
| Nature of illness, disability or physical limitation: |       |
|  |  |
| Type of special assistance required: |       |

*This information will be made available to the Fairfax County Fire Department.*

**Please list emergency contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone (Home): |       |
|  |  |  |  |
| Email: |       | (Work): |       |
|  |  |  |  |
|  |  | (Cell): |       |

**Please provide pet information if applicable:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of pet: | Dog: [ ]   | Cat: [ ]   | Bird: [ ]   | Other: |       |
|  |  |  |
| Completed Pet Registration form? | Yes: [ ]   | No: [ ]   |

*As evidenced by my signature below, I certify that I have read the condominium Documents and I agree to abide by the same. I further agree to accept responsibility for any acts which may be in violation of the Condominium Documents or which I may cause damage to the Common Elements, the Limited Common Elements, or any Unit.*

|  |  |  |
| --- | --- | --- |
|       |  |       |
| *Resident Signature* |  |  | *Date* |
|  |  |  |  |
|       |  |       |
| *Resident Signature* |  |  | *Date* |
|  |  |  |  |
|       |  |       |
| *Resident Signature* |  |  | *Date* |