

**RESIDENT/RENTAL INFORMATION**

Please return this form to: Annandale Management Company; 7825-A Patriot Drive; Annandale, Va 22003 Fax: 703-359-4365 or [amc@annandalemanagement.com](mailto:amc@annandalemanagement.com)

NAME OF COMMUNITY: **OAKWOOD CONDOMINIUM ASSOCIATION**

HOMEOWNERS NAME: \_\_\_\_\_

STREET ADDRESS OF UNIT: \_\_\_\_\_

PHONE NUMBERS: HM(\_\_\_\_)\_\_\_\_\_ WK(\_\_\_\_)\_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

OWNER MAILING ADDRESS (if different from unit address):

\_\_\_\_\_

**Is unit being rented?:** Yes \_\_\_\_\_ No \_\_\_\_\_

if yes Tenants Name(s): \_\_\_\_\_

Phone Numbers: HM(\_\_\_\_)\_\_\_\_\_ WK(\_\_\_\_)\_\_\_\_\_

**VEHICLE REGISTRATION**

Owner: \_\_\_\_\_ Tenant: \_\_\_\_\_

Vehicle 1: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag \_\_\_\_\_

Vehicle 2: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag \_\_\_\_\_

Vehicle 3: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

We suggest you get to know your neighbors. Keep a telephone listing of those owners/tenants who reside on either side of you in case a minor emergency occurs between units. We are not permitted to give out the information on this form.

Owner: \_\_\_\_\_ Date \_\_\_\_\_  
(signature of owner)

**ALL ACCOUNTS MUST BE PAID IN FULL TO RECEIVE POOL OR PARKING PASSES.**