

HOMEOWNERS REGISTRATION FORM

NAME OF COMMUNITY: **OLD TOWN GATEWAY OWNERS 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: _____

Special Instructions: _____

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)

Please return this form to: **Annandale Management Company**
7825-A Patriot Dr.
Annandale, VA 22003
O (703) 328-5760 F (703)359-4365
Email: amc@annandalemanagement.com