

**RESIDENT / RENTAL INFORMATION**

Please return this form to: Annandale Mgmt., 7825-A Patriot Dr.  
Annandale, VA 22003 [amc@annandalemanagement.com](mailto:amc@annandalemanagement.com)

NAME OF COMMUNITY: \_\_\_\_\_

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

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

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

OWNER MAILING ADDRESS (if different from unit address):or email  
\_\_\_\_\_

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 \_\_\_\_\_

(Subject to approval by the Association)

(Name of Pool Member)

(Date of Birth)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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.**