



Census Form

Unit Owner/Renter Information

Unit #: _____ **Check box if data is RENTER information:** Date: _____

Owner/renter #1: _____
Last *First* *M.I.*

Owner/renter #2: _____
Last *First* *M.I.*

Alternate Address: _____
(Offsite address) *City* *State* *Zip code*

Email Address: _____

Phone Numbers

Home Phone #: () - Work Phone #: () - Cell #: () -

Name of Homeowner's insurance: _____

Emergency Contacts

Note: Emergency contacts should be someone outside of the complex.

Emergency Contact name: _____
Last *First* *M.I.*

Emergency Phone numbers: Home Phone #: () - Cell #: () -

Additional People Living in Unit (excluding names above)

Name 1: _____
Last *First* *M.I.*

Name 2: _____
Last *First* *M.I.*

Name 3: _____
Last *First* *M.I.*

Name 4: _____
Last *First* *M.I.*

Vehicle Information

Vehicle #1: _____
Make *Model* *Color* *Plate #* *State*

Vehicle #2: _____
Make *Model* *Color* *Plate #* *State*