Resident Contact Information Form

PLEASE <u>PRINT</u> CLEARLY

Nam	ne(s):	
Mail	ing Address:	
Unit	number(s) at Par	k Tower:
<u>RESI</u>	DENT CONTACT II	<u>NFORMATION</u>
Hom	ne #:	
Wor	k #:	
Cell #:		
Ema	il:	
(By do	oing so, you will rece other business the off	add you to the Park Tower Email Group? Yes No ive information from Management via e-mail, such as news, notices, activity schedules ice is responsible to communicate with residents and owners about.) T NAMES AND NUMBERS
	Relationship:	
	Phone:	Alternate Phone:
2.	Name:	
	Relationship:	
		Alternate Phone:
In th		ergency, would you require any special assistance? If so please describe:

In order to be better prepared to contact residents for business or emergencies, please complete and either return this form to the management office, or e-mail our office at parktowercondo-mgmt@habitat.com.

