

RESIDENT INFORMATION SHEET

LAST NAME* _____ FIRST* _____ SPOUSE* _____

RESIDENCE ADDRESS* _____ PHONE* _____

MAILING ADDRESS (IF DIFFERENT) _____

OWN _____ LEASE _____ IF LEASE, OWNER _____ PHONE _____

BUSINESS PHONE* _____ SPOUSE BUSINESS PHONE* _____

MOBILE PHONE* _____ SPOUSE MOBILE PHONE* _____

EMAIL ADDRESS* _____

SPOUSE EMAIL ADDRESS* _____

NAMES OF CHILDREN WHO LIVE WITH YOU* _____

MAY THIS (*) INFORMATION BE PUBLISHED IN THE MEMORIAL THICKET DIRECTORY?

YES _____ NO _____ YES, EXCEPT FOR _____

IS YOUR HOME ALARM CONNECTED TO A MONITORING SYSTEM THAT WILL CALL OUR GUARDS AS REQUIRED BY DEED RESTRICTIONS?

YES _____ NO _____ NAME OF ALARM COMPANY _____

IF YOUR ALARM GOES OFF WHILE YOU'RE AWAY, OR IN ANY EMERGENCY, CONTACT:

NAME _____ PHONE _____

NAME _____ PHONE _____

SHEET COMPLETED

BY _____ DATE _____

PLEASE RETURN THIS INFORMATION SHEET TO THE GUARD HOUSE, OR ANY MTHA BOARD MEMBER.