Vantage Point East
At Leisure World

RESIDENT INFORMATION FORM

To ensure up-to-date records, each resdident must complete this Form and return to the VPE Office.

Unit No: _____ **Date:** _____

RESIDENT ____ of _____

Name: _____ Unit Owner: YES ☐ NO ☐

s

DOB: _____ Phone (H): _____

Email: _____ Cell: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone #: _____ Email: _____

VEHICLE INFO #____ 0F ____

MAKE & MODEL: _____ TAG# & State _____

COLOR: _____ LW Decal# _____

ADDITIONAL INFORMATION

Do you own a pet? YES: ☐ NO: ☐ If yes, complete Pet Registration Form

Do you store a bicycle in garage? YES: ☐ NO: ☐ If yes, complete Bicycle Registration Form

Do you have a front door key filed with Security? (highligh recommended) YES ☐ NO ☐

Would you like to be listed on the in-house telephone directory? YES ☐ NO ☐

If yes: Home or Cell Number? H: ☐ C: ☐ List Email? YES ☐ NO ☐

Would you like to be listed on the Birthday List? YES ☐ NO ☐

Do you have a caregiver? YES ☐ NO ☐

If Yes, Name: _____ Phone: _____

AUTHORIZATION FOR ELECTRONIC TRANSMISSION OF INFORMATION

If you would like to receive notices and information electronically (e.g., email), please sign below:

I hereby authorize Vantage Point East (VPE) to provide notices of meetings and deliver information to me via electronic transmission, in accordance with applicable law. I understand that 1) This authorization allows VPE to send notices and information to me electronically instead of by mail or other means. 2) it is my responsibility to ensure my electronic contact information remains current and to notify VPE of any changes and 3) I may revoke this authorization at any time by providing written notice.

SIGNATURE: _____ DATE: _____

Vantage Point East
At Leisure World

PET/ANIMAL REGISTRATION FORM

Unit No: _____ **Date:** _____

RESIDENT INFORMATION:

Name: _____ Phone: _____

Email: _____

PET/ANIMAL INFORMATION

Type (e.g. dog, cat, bird): _____ Name: _____

Breed: _____ Color: _____

Age: _____ Weight: _____

PICTURE OF ANIMAL REQUIRED. Please email one to **vpe@lwmc.com.**

LICENSING & INOCULATION INFORMATION

Montgomery County License Number: _____

If part-time resident, State/County where registered: _____

Date of last rabies vaccination: _____

ADDITIONAL INFORMATION

Is this animal a service animal? YES: ☐ NO: ☐

If yes, documentation of specilized training provided? YES ☐ NO ☐

Is this animal an emotional support animal? YES ☐ NO: ☐

If yes, documentation from a relevant, licensed health professionnal provided? YES ☐ NO ☐

ACKNOWLEDGEMENT AND AGREEMENT

I, the undersigned, acknowledge that I have received, read and understand the pet rules outlined in Section 15.0 of the VPE Rules. I agree to comply with all pet-related rules.

I understand that visiting animals are subject to all pet rules and must be registerd if present for more than 7 days.

I understand that failure to comply with these Rules may result in enforcement actions consistent with the VPE Rules and Bylaws.

SIGNATURE: _____ DATE: _____

OFFICE USSE ONLY:

RECEIVED BY: _____ DATE: _____

If service or emotional support animal:

Documentation reviewed and approved by Property Manager: YES ☐ NO: ☐

PM SIGNATURE: _____ DATE: _____

Vantage Point East
At Leisure World

BICYCLE REGISTRATION FORM

Unit No: _____ **Date:** _____

RESIDENT INFORMATION:

Name: _____ Phone: _____

Email: _____

BICYCLE INFORMATION

Make _____ Model _____

Color _____

Additional Identifying Features: _____

ACKNOWLEDGEMENT AND AGREEMENT

By registering my bicycle, I acknowledge that:

1. Vantage Point East is not respoonsible for loss, theft, or damage to my bicycle when left in the Property.

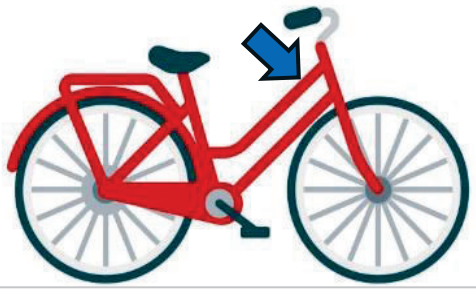
2. I will ensure my bicycle is locked when stored in the bike rack.
3. If I sell or remove my bicycle permanently, I will notify the VPE Office to update records.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

Bike Permit No: _____



Place Bike Permit sticker on the frame by the handle bar stem- see blue arrow!

Vantage Point East
At Leisure World

ADDITIONAL INFORMATION FORM

Unit No: _____ **Date:** _____

RESIDENT ____ of _____

Name: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone #: _____ Email: _____

VEHICLE INFO #____ 0F ____

MAKE & MODEL: _____ TAG# & State _____

COLOR: _____ LW Decal# _____

Email: _____

****

RESIDENT ____ of _____

Name: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone #: _____ Email: _____

VEHICLE INFO #____ 0F ____

MAKE & MODEL: _____ TAG# & State _____

COLOR: _____ LW Decal# _____

Email: _____