



OWNER/TENANT REGISTRATION FORM- 2019 Date: _____

FOR CONDOMINIUM # _____

Information provided by (**check one**)

OWNER

TENANT

All Information Will Remain Confidential

Unit OWNER(s): _____ Phone: _____

Email: _____ Daytime Emergency #: _____

TENANTS OR:

Resident #1: _____ Age: _____ Cell: _____

Email: _____ Work #: _____

Resident #2: _____ Age: _____ Cell: _____

Email: _____ Work #: _____

Vehicle Information

Car #1 YEAR: _____ **Make:** _____ **Model:** _____

Color: _____ **License Plate:** _____ **State:** _____

Current or issued Bethlehem Parking Authority HANGTAG #: _____

Car #2 YEAR: _____ **Make:** _____ **Model:** _____

Color: _____ **License Plate:** _____ **State:** _____

Current or issued Bethlehem Parking Authority HANGTAG #: _____

Storage Unit

Room: _____ Locker Letter: _____ Four Digit Key: _____

Pet Information

Pet Name _____ Type _____

Description _____

Photos required, as your missing pet could return to you sooner if we had a recent photo!

Check if you do not have a pet

Emergency!

If you cannot be reached by any of the details above, we should contact:

Name _____ Phone _____ Relationship _____

Address _____ Email _____

Owners Not In Residence – Landlord Information

Billing Address _____

Homeowner Insurance Expires _____ Lease Provided _____ Current Lease Expires _____

Realtor/Managing Agent _____ Phone _____

Agent Address _____ Email _____

Please Return Completed Form To:

Lehigh Riverport Condominium Association, Attn: Marilyn Lalley, ARM, Property Manager, 11 W. 2nd Street, Bethlehem, PA 18015
Email: mlalley@naisummit.com Fax: 610-871-1700 Questions? Call 610-625-2790