

**OWNER/TENANT REGISTRATION FORM- 2025 Date:****FOR CONDOMINIUM #** _____

Information provided by (check one)

OWNER

TENANT

All Information Provided Exclusively For LRCA and BPA records – PRINT CLEARLY!**Unit OWNER(s):** _____ **Phone:** _____

TENANT - SKIP IF UNKNOWN

Email: _____ **Daytime Emergency #:** _____

TENANTS OR:

Resident #1: _____ **Age:** _____ **Cell:** _____**Email:** _____ **Work #:** _____**Resident #2:** _____ **Age:** _____ **Cell:** _____**Email:** _____ **Work #:** _____**Vehicle Information – Do not duplicate phone number for multiple vehicles****Vehicle #1 Owner Name:** _____ **Cell Phone#** _____**License Plate:** _____ **Make:** _____ **State:** _____**(if already issued) LRCA HANGTAG #:** _____**Vehicle #2 Owner Name:** _____ **Cell Phone#** _____**License Plate:** _____ **Make:** _____ **State:** _____**(if already issued) LRCA HANGTAG #:** _____**Pet Information** **Check box if you do not have a pet**If you **do** provide Pet Name _____ **Type** _____Description _____ **Photo of all pets must be submitted****Visitor Intercom Listing – Phone numbers provided are NOT visible to visitors**

First Name	Last Name	Phone Number	System:
			1 st Condo # contact
			Others via Directory

Emergency! If you cannot be reached by any of the details above, we should contact:**Name** _____ **Phone** _____ **Relationship** _____**Address** _____ **Email** _____**Owners / Landlords Not In Residence****Billing Address** _____**Homeowner Insurance Expires** _____ **Lease on file: Yes / No & 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