Tenant Information Form

Property Address:		<u>Pl</u>		
Owner/Member Name:	:	Knollrid		
Leased to Name:		46 Ea		
Tenant Mailing Addres	ss: (If different from	ess) Battler		
Street or P O Box:				
City, State, Zip:				
Home Telephone No:				
Mobile Telephone No: _			<u></u>	
Email Address:				
Names of All Adult Occ	cupants:			
1				
2				
3			Knollridg	e Townhomes Association
4			A Coven	ant Protected Community
		Vehicle Info	rmation:	
Make	Model	Year	Color/Markings	License #/State
Lease Beginning and E				
From:		To:		
I, (tenant name)		hereby ac	knowledge that I have rece	ived a copy of the Knollridge
Townhome Association I	Rules and Regulati	ons. (Please refer	· to	
to review the associa	ution's Bylaws an	d Covenants)		Date: