

**Colecroft Station Condominium
Resident Information Form**

All residents must complete this form within 48 hours of occupying a unit at Colecroft Station and return to the Association office, located at 505 E. Braddock Road, Alexandria, VA 22314. Telephone 703/684-9064. Please print in ink and sign below.

BUILDING # _____ UNIT # _____ RESERVED PARKING SPACE # _____

RESIDENT OWNER _____ NON-RESIDENT OWNER _____ RENTER _____

NON-RESIDENT OWNER ADDRESS / PHONE _____

UNIT RESIDENT(S):

Name _____ Home # _____ Work/Cell # _____

Name _____ Home # _____ Work/Cell # _____

EMERGENCY CONTACT: (Person not living with you)

Name _____ Home # _____ Work/Cell# _____

Address _____ Relationship to you _____

MORTGAGE COMPANY -- NAME AND NUMBER: (If Owner)

MANAGEMENT COMPANY/LANDLORD -- NAME AND NUMBER: (If Renter)

VEHICLE INFORMATION: (List all vehicles that will park in your assigned space)

Tag State _____ Tag # _____ Make _____ Model _____ Color _____

Tag State _____ Tag # _____ Make _____ Model _____ Color _____

BIKE INFORMATION: Color _____ Type _____ Serial # _____

Color _____ Type _____ Serial # _____

Bike will be stored in: (circle one) Storage Room / Garage Rack / Parking Space

PET INFORMATION: All pets must be licensed and inoculated in accordance with the City of Alexandria and Association's rules and regulations. The Association does not permit more than one pet per unit without prior Board approval.

Type _____ Name _____ Description _____

EMERGENCY ASSISTANCE: Please list any disability that may impair and/or prevent you or any occupant of your unit from exiting the building under your own volition during an emergency situation:

Disability _____ Name of Disabled Person _____

Due to the above disability, I ask that you do ___ / do not ___ notify Emergency Officials and that you do ___ / do not ___ make available to these officials a key to my unit for emergency assistance.

EMAIL ADDRESS _____ Do ___ / Do not ___ add me to the Colecroft Notice List

SIGNATURE _____ DATE _____
