

**Summer Bay Census (Cont)**

**RENTING YOUR UNIT**

If you are a landlord, it is your responsibility to complete this census form, confirm that the Association has in its files a copy of your lease and keep your tenant information up-to date. Your help in providing a copy of the rules and regulations and governing documents to your tenants for their compliance is appreciated.

**TENANT CONTACT INFORMATION ONLY**

**UNIT ADDRESS:** \_\_\_\_\_

**TENANT (1) NAME:** \_\_\_\_\_ **Cell PH #:** \_\_\_\_\_

**Work PH #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**TENANT (2) NAME:** \_\_\_\_\_ **Cell PH #:** \_\_\_\_\_

**Work PH #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**OCCUPANTS (other family members or room mates & contact info if applicable)**

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PETS: (dog/cat, breed, color, name)** \_\_\_\_\_

**PROPERTY MANAGEMENT NAME (if any)**

**COMPANY NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **CELL PH #:** \_\_\_\_\_

**WORK PH #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**VEHICLES – (please list all) REQUIRED PARKING PERMIT INFORMATION**

**Year /Make /Model /Color** \_\_\_\_\_ **State & License Plate #** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TENANT EMERGENCY CONTACT INFORMATION**

Who would you like us to contact in case we are unable to reach you (or your Landlord) at the listed numbers?  
(Persons **not** living at your address)

**NAME/relationship:** \_\_\_\_\_ **PH #/Email :** \_\_\_\_\_

**NAME/relationship:** \_\_\_\_\_ **PH #/Email :** \_\_\_\_\_

**Please return both completed pages to ACM via US Mail or Email [tara@acmhoa.com](mailto:tara@acmhoa.com)**