

RESIDENT REGISTRATION FORM
Riverview Commons Condominium Association
16 Elizabeth Street - Kent, CT 06757

Date: _____ Unit # _____

Owner (s): _____ Tel. Home: _____

Owner (s): _____ Work: _____

Closing Date: _____ Cell: _____
Cell: _____

*Please indicate if your number is unlisted. This is for Association use only. Under no circumstances will this information be given out.

Mailing Address: _____

E-Mail Address: _____ / Opt-In for Email notices: Yes _____ No _____

Emergency Contact Person: _____ Tel. #: _____

Tenant (s) _____ Tel. Home: _____

Work: _____

Tenant (s) _____ Cell: _____

Email address: _____ / Opt-In for Email notices: Yes _____ No _____

Term of Lease: From: _____ To: _____

In Case of an Emergency, who has a key to your unit? Name _____
Phone # _____

VEHICLES

1. Year _____ Make _____ Model _____ Color _____ Plate # _____

2. Year _____ Make _____ Model _____ Color _____ Plate # _____

PETS

1. Dog _____ Cat _____ Breed _____ Color _____ Name _____

License #: _____ Expiration Date: _____

2. Dog _____ Cat _____ Breed _____ Color _____ Name _____

License #: _____ Expiration Date: _____

Owner(s) Signature(s): _____

Please return this form to: CMPM, Inc. P.O. Box 690 – Southbury, CT 06488
Riverview Commons. Property Manager is Mike Famiglietti
E-Mail address: mikef@cmproperty.com
Tel: 203-264-6598 Fax: 203-264-6216