

**RIVERBEND TOWNHOUSE OWNERS ASSOCIATION  
HOMEOWNER CENSUS FORM – 2006/2007**

In order to maintain accurate records and enable our managing agent to respond to emergencies and various community needs, please complete the information below and return it by no later than October 31, 2006.

**EXECUTIVE PROPERTY MANAGEMENT  
4-08 TOWNE CENTER DRIVE  
NORTH BRUNSWICK, NEW JERSEY 08902**

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OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS (if different) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE NUMBERS - Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

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**DO YOU RENT YOUR HOME?**     **YES**     **NO**    IF YES,

TENANT'S NAME: \_\_\_\_\_

TENANT'S PHONE NUMBERS - Home: \_\_\_\_\_ Work: \_\_\_\_\_

LEASE TERM: From: \_\_\_\_\_ To: \_\_\_\_\_

**(PLEASE attach a copy of the lease as required by the Association)**

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NUMBER OF RESIDENTS IN THE HOME: \_\_\_\_\_

AGES OF MINOR OCCUPANTS 1. \_\_\_ 2. \_\_\_ 3. \_\_\_ 4. \_\_\_ 5. \_\_\_

**NUMBER OF MOTOR VEHICLES:** \_\_\_\_\_

#1 - Make \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ VIN # \_\_\_\_\_

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**IN THE EVENT OF EMERGENCY, PLEASE NOTIFY:**

1ST) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_ (H) \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_ (W) \_\_\_\_\_

2ND) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_ (H) \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_ (W) \_\_\_\_\_

PETS:            Dog \_\_\_\_\_            Cat \_\_\_\_\_