

**RIVERBEND TOWNHOUSE OWNERS ASSOCIATION  
HOMEOWNER CENSUS FORM – 2009**

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 as soon as possible.

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

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

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

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

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

**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)**

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

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

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

#1 - Make _____	Color: _____	Plate #: _____	VIN # _____
#1 - Make _____	Color: _____	Plate #: _____	VIN # _____
#1 - Make _____	Color: _____	Plate #: _____	VIN # _____

**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 \_\_\_\_\_