

# The Ridings at Brookside Condominium Association

## **Unit Owner/Resident Information**

Dear Ridings Unit Owners/Resident:

Please provide the following information to the Management Company so that we may be able to contact you in the event of an emergency. We, also, need current information regarding your vehicles. We will not share your personal information to the public unless we have your permission. This information is for Management and Board use only.

### UNIT OWNER INFORMATION

Unit Owner Name(s) \_\_\_\_\_  
Unit Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Work Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_ Email address \_\_\_\_\_  
Mailing Address if different than Unit Address: \_\_\_\_\_

Occupant(s) other than owner(s) but not tenant(s):  
\_\_\_\_\_ Cell Telephone # \_\_\_\_\_ Work # \_\_\_\_\_

Primary Tenant Name \_\_\_\_\_ Home Telephone # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email address: \_\_\_\_\_  
Tenant Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Tenant Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Tenant Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

TOTAL NUMBER OF OCCUPANTS \_\_\_\_\_

Lease Date: From \_\_\_\_\_ To: \_\_\_\_\_  
(Must submit a copy of the lease and written permission to lease.)

### VEHICLE INFORMATION

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ Ridings Tag# \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ Ridings Tag# \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ Ridings Tag# \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ Ridings Tag# \_\_\_\_\_

PLEASE NOTE: If you have vehicles that do not have a Ridings Registration Tag, please contact Danella Realty & Management for a Registration Form. You are required to have a registration tag on all vehicles parked at the Ridings.

### PET INFORMATION (Maximum 2 - Does not include aquarium fish or caged birds)

Species \_\_\_\_\_ Color \_\_\_\_\_ Gender \_\_\_\_\_ Name \_\_\_\_\_  
Species \_\_\_\_\_ Color \_\_\_\_\_ Gender \_\_\_\_\_ Name \_\_\_\_\_

In case of an emergency, contact name & telephone # \_\_\_\_\_  
(The emergency contact should have a key to your unit.)

The Ridings at Brookside Condominium Association  
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