Tenant Registration

| Unit No | | Address: | | |
|---------------------|--------------------|--|--|---|
| Tenant's Name: | | | | |
| Home Phone: | | Work Phone: | Cell: | |
| Name (s) of every | other person resid | ling in Unit: | | |
| List and describe a | ny pets, including | type, breed, name and | description: | |
| | | | | |
| Tenant Vehicles: | | | | |
| Make: | Model: | Year: | License Plate: | |
| Make: | Model: | Year: | License Plate: | |
| Make: | Model: | Year: | License Plate: | |
| Property Manager | 's Name: | | | _ |
| Address: | | | | _ |
| Home Phone: | | Work Phone: | Cell: | _ |
| | | Tenant has been provement requires complia | vided a copy of the House Rules ance with the rules. | & |
| (Signature of Land | lord) | (Printed name of La | andlord) (Date) | - |
| Please return to: | | | | |

Property Management Services, Inc. Attn: Jennifer Lewis, Association Manager P.O. Box 92130 Anchorage, AK 99509-2130

Or by fax: (907) 562-3550 Or by email: jjl.pmsi@gci.net