

Coldwater Crossing Tenant Information Form/Check List

This must be completed and returned to the management office any time a unit is rented.

Landlord Name: _____

Landlord Off-site mailing address: _____

Unit Address: _____

Leaseholder Name(s): _____

Lease Start Date: _____ Lease End Date: _____

Phone Number / Name: _____ Phone Number/Name: _____

Vehicle Year, Make & Model: _____ Color & Pate # _____

Vehicle Year, Make & Model: _____ Color & Pate # _____

Email: _____

Email: _____

Residents not on lease:

Name & DOB: _____ Name & DOB: _____

Name & DOB: _____ Name & DOB: _____

Has your landlord provided you with a copy of the community Rules & Regulations?: Y N

Pet Registration Form submitted to office?: Y N N/A

Swipe cards obtained from landlord?(\$25/each to replace): Y N

Clubhouse Swipe Card Number: _____

Parental Consent for fitness room submitted to office?: Y N N/A

Emergency Contact:
