

STRATFORD PLACE

CONDOMINIUM COMMUNITY IN KINGSTOWNE

RESIDENT INFORMATION

Date Submitted _____

Condominium Address _____

Owner Name _____

Do you live in the condo or rent it to someone else? Live in unit Rent it to someone

Owner Address (if not living in unit) _____

Owner Home Phone _____ Cell _____ Work _____ Fax _____

Owner E-mail _____ Check here to opt out of e-mail notifications from the Association

Please list **all current occupants** of the unit regardless of age. Phone numbers and emails are requested for communications with the Stratford Place Board of Directors or the On-Site Manager.

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

EMERGENCY CONTACT Name _____

Home _____ Cell _____ Work _____

In the case of a maintenance emergencies: Does your emergency contact have the ability and authority to enter your unit in the case of an emergency? Yes No

Please list **all pets** residing in the unit.

Type _____ Name _____ Breed _____ Weight _____ *County Tag # _____

Type _____ Name _____ Breed _____ Weight _____ *County Tag # _____

* Fairfax County tags are only required for dogs.

Please list **all vehicles** (automobile or motorcycle) being parked in the Stratford Place parking lots.

Vehicle 1 Make _____ Plate _____ Color _____ Owner Name _____

Vehicle 2 Make _____ Plate _____ Color _____ Owner Name _____

Vehicle 3 Make _____ Plate _____ Color _____ Owner Name _____

Reserved Parking Space # _____ (Ashby Lane Only)

PLEASE RETURN THE COMPLETED FORM TO THE ON-SITE MANAGER.

7500 Ashby Lane • Alexandria, Virginia 22315 • 703-971-9647 • www.stratfordplacecondos.com