



PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.
ANIMAL REGISTRATION FORM

(Must be completed in its entirety prior to animal being permitted on the premises)
(Please submit this form and all further documentation to Management Company)

Animal Owner's Name: _____

Address and Unit No.: _____

Contact Number: _____

Type of Animal: _____

Name and Age of Animal: _____

Breed and Description:

*(Picture of the animal is required to be supplied with this form for identification purposes)

Emergency Caretaker: Name: _____
Phone Number: _____

Veterinarian: Name: _____
Phone Number: _____

*(Vaccination records for the animal is required to be supplied with this form)

I hereby certify that the animal is current on all licensing and vaccination requirements and I have read, understand, and agree to abide by the Association's rules and regulations pertaining to animals.

I FURTHER HEREBY AGREE TO INDEMNIFY THE ASSOCIATION FOR ANY AND ALL DAMAGE THAT MAY RESULT TO THE CONDOMINIUM PROPERTY OR TO ANY PERSON WHILE HE OR SHE IS ON THE CONDOMINIUM PROPERTY AS A RESULT OF OR ARISING FROM THE ANIMAL BEING ON THE CONDOMINIUM PROPERTY.

Animal Owner (Signature)

Date

The Board of Directors has received acceptable documentation for the animal

Print:

Date

On behalf of the Board of Directors for
Pipers Glen Condominium Association, Inc.

DATE _____

CUSTOMER NUMBER 2325 - AMERI-TECH

TENANT INFORMATION FORM

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____, Managed By: _____ Owned By: _____.

I hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY**TENANT INFORMATION:**

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____FULL NAME: _____DATE OF BIRTH: _____DRIVER LICENSE #: _____CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____OCCUPATION: _____GROSS MONTHLY INCOME: _____LENGTH OF EMPLOYMENT: _____WORK PHONE NUMBER: _____HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO **SIGNATURE:** _____PHONE NUMBER: _____EMAIL: _____**IMPORTANT**

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS