WHARFSIDE MANOR CONDOMINIUM ASSOCIATION, INC.

_____

2025 CENSUS FORM

IF OWNER IS AN LLC OR COMPANY, PLEASE PROVIDE NAMES OF ALL MEMBERS/OWNERS:

OWNERS NAME: _____

YOUR WHARFSIDE MANOR INFORMATION:

ADDRESS: _____

MAILING ADDRESS: _____
(if different from above)

HOME TELEPHONE: _____

WORK PHONE: _____

CELL: _____

EMAIL: _____

EMAIL 2: _____

VEHICLES, BICYCLES, FOB NUMBERS OF THOSE INHABITING THE UNIT

VEHICLE 1:

MAKE: _____ MODEL: _____

COLOR: _____

LICENSE PLATE: _____
(State & Number)

VEHICLE 2:

MAKE: _____ MODEL: _____

COLOR: _____

LICENSE PLATE: _____
(State & Number)

VEHICLE 3:

MAKE: _____ MODEL: _____

COLOR: _____

LICENSE PLATE: _____
(State & Number)

BICYCLE 1:

MAKE: _____ MODEL: _____

COLOR: _____

WHEELS: _____
(two wheel or three-wheel bike)

BICYCLE 2:

MAKE: _____ MODEL: _____

COLOR: _____

WHEELS: _____
(two wheel or three-wheel bike)

BICYCLE 3:

MAKE: _____ MODEL: _____

COLOR: _____

WHEELS: _____
(two wheel or three-wheel bike)

FOB 1:

NUMBER: _____

FOB 2:

NUMBER: _____

EMERGENCY CONTACT INFORMATION: (Please provide any Emergency contacts you deem necessary)

CONTACT PERSON: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

NUMBER OF INHABITANTS: _____

*** ALL OWNERS WHO RENT THEIR UNIT MUST INCLUDE A COPY OF THE CURRENT YEAR'S LEASE ***

TENANT INFORMATION: (If Applicable)

LEASE DATES: _____

NAME: _____

TELEPHONE: _____

CELL: _____

EMAIL ADDRESS: _____

***NOTE: ALL INFORAMTION, INCLUSIVE OF VEHICLE, BYCYCLE, FOB INFORMATION MUST BE ACCURATE AS IT WILL BE UTILIZED FOR FUTURE MONITORING. ***