

WestPort

Community Association, Inc.

RESIDENT INFORMATION FORM

(Please complete both sides)

Owner Name: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

If using an alternate address, is this still a residence that you reside in either full or part time? _____

If no, then who is residing in the unit? _____

Is this person a relative? _____ If so what relation are they to you? _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Tenant Information (If you are leasing your unit)

Resident Name(s): _____

Phone: (h) _____ (w) _____ (c) _____

Email address: _____

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

If you retain the services of a leasing agent, please list the name, address and phone number of the agent:

(OVER)

 **PET REGISTRATION FORM** 

1. Pet Owners are responsible for the immediate removal and proper disposal of animal waste on all portions of the Common Areas, including the private streets in the Community.
2. Pets shall not be permitted upon the Common Areas unless they are carried or leashed (with the Pet Owner or other person in control of the leash at all times).
3. No pet may be leashed to any stationary object on the Common Areas and left unattended.
4. Pet Owners are responsible for any property damage, injury or disturbances their pet may cause or inflict.
5. Commercial breeding of pets is prohibited.
6. All pets must have and display, as appropriate, evidence of all required registrations and inoculations.
7. Every female dog, while in heat, shall be kept confined in the dwelling by its Owner in such a manner that she will not be in contact with another dog nor create a nuisance by attracting other animals.
8. No more than an aggregate of two dogs or cats (or one of each) shall be permitted to be kept in any Dwelling Unit.

Pet Name: _____ Type of Pet: _____

Description (size, color, breed, distinguishing markings/characteristics): _____

Date of Rabies Vaccination: _____ Tag #, Date Issued, City Issued: _____

Pet Name: _____ Type of Pet: _____

Description (size, color, breed, distinguishing markings/characteristics): _____

Date of Rabies Vaccination: _____ Tag #, Date Issued, City Issued: _____

I have read the rules and regulations of the Association and I, as well as all members of the household, promise to comply with the rules.

Signature

Date

Return completed form to the address or fax number at the bottom of the first page or email to acosby@theselectgroup.us