



**SOCIETY PLACE CONDOMINIUM ASSOCIATION  
TENANT REGISTRATION FORM**

**ASSOCIATION UNIT ADDRESS** \_\_\_\_\_

**UNIT OWNER(S):**

**NAME(S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PHONE# (HOME)** \_\_\_\_\_ **(OFFICE)** \_\_\_\_\_

**TENANT(S):**

**NAME(S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PHONE# (HOME)** \_\_\_\_\_ **(OFFICE)** \_\_\_\_\_

**LEASE START DATE** \_\_\_\_\_ **LEASE END DATE** \_\_\_\_\_

**AUTOMATIC RENEWAL**      **YES** \_\_\_\_\_      **NO** \_\_\_\_\_

As the Landlord/Owner of the above referenced unit in the Society Place Condominium Association, I verify that the above information is correct and I have provided a copy of all necessary Association Rules/Regulations/Restrictions to my tenant. As the Landlord/Owner I am responsible for the actions of my tenant and any guests or occupants of the unit. **I have attached a copy of my written lease agreement as required by the Association's Rules and Regulations.**

**Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_