



Managing Agent:
REGENCY MANAGEMENT GROUP
Professional Management
605 Candlewood Commons
(732) 364-5900
Howell, NJ 07731

Name of Community: _____

CENSUS RESIDENT INFORMATION

Please assist the Association in maintaining accurate records for your home. Since the information that you provide will be used to compute assessment credits, charges, and adjustments, it is important that this form be updated on an annual basis or any time there is a substantial change in any of the data. The management office will maintain all records on behalf of the Association, and only changes submitted in writing will be considered valid.

TODAY'S DATE: _____ CLOSING DATE: _____

OWNER(S) OF RECORD: _____

ADDRESS OF UNIT: _____

MAILING ADDRESS (IF DIFFERENT FROM UNIT ADDRESS):

OTHER MEMBERS OF HOUSEHOLD: _____

PHONE NUMBERS OF OWNERS/RESIDENTS:
(H): _____ (W): _____ (C): _____

(H): _____ (W): _____ (C): _____

LIST EMAIL ADDRESSES OF RESIDENTS/OWNERS:

PAYMENT METHOD:

- A. _____ I wish to pay electronically Y or N
(I understand I will not be provided coupons)
- B. _____ I wish to pay by coupon Y or N (\$4 fee)

PERSON TO CONTACT IN AN EMERGENCY: _____
(NAME/PHONE NUMBER)

TENANT NAME (if applicable) : _____
DATE OF LEASE: _____

VEHICLE INFORMATION:

| | | |
|---------------------|---------------|------------------|
| _____ Make/Model | _____ Year | _____ Plate # |
| _____ Make/Model | _____ Year | _____ Plate # |

Signature _____

PLEASE RETURN THIS FORM TO THE MANAGEMENT OFFICE