

**UNIT INFORMATION REQUIRED PURSUANT TO  
STATUTES, COMM. OF MA ch. 400**

**INDIAN RIDGE  
RESIDENT/HOMEOWNER(S) DATA SHEET**

*In an effort to verify our files, we ask that you complete the form below. Please clearly include **phone numbers** and **e-mail addresses** as they are important should an emergency occur and we need to contact you.*

**Thank you.**

Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

*(if Different)*

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Are you residing in the unit? \_\_\_\_\_ Number of Residents: \_\_\_\_\_

**Are you renting out your unit?** \_\_\_\_\_

**If so, list name(s) of all tenant(s)** \_\_\_\_\_

**Phone number(s) of tenant(s)** \_\_\_\_\_

Vehicle Registration(s):

Auto #1:      Registration #: \_\_\_\_\_

                    Make/Model/Year/Color \_\_\_\_\_

Auto #2:      Registration #: \_\_\_\_\_

                    Make/Model/Year/Color \_\_\_\_\_

*If permitted at your Association, please provide your pet information (restrictions may apply):*

Do you have any pets? \_\_\_\_\_ How many? \_\_\_\_\_

*If so, provide Breed/Weight/Name?* \_\_\_\_\_

*If applicable, list names as you would like them to appear in foyer/mailbox area:*

\_\_\_\_\_

Additional Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

**Please return this completed form to Property Management of Andover via US Mail  
(P.O. Box 488, Andover, MA 01810) or facsimile (978-686-4664).**