SHORT-TERM TENANT CENSUS FORM PAUPACKAN LAKE ASSOCIATION

OWNER(S) LAST NAME:	OWNER(S) FIRST NAME:
OWNER(S) LAST NAME:	OWNER(S) FIRST NAME:
PLA 911 ADDRESS:	_ EMERGENCY CONTACT
	CELL #
PRIMARY RESIDENCE MAILING ADDRESS: (IF APPLICABI	LE)
TELEPHONE # (HOME)	TELEPHONE # (CELL)
EMAIL ADDRESS:	EMAIL ADDRESS:
TENANT NAME:	TENANT CELL #:
VEHICLE INFORMATION	
AUTOMOBILES: List all information for <u>each</u> vehicle that will be on the premises.	
YEAR MAKE & MODEL	COLOR STATE