Tri-Par Estates Park & Recreation District Resident Information Update Form

To keep our records as accurate as possible, please report any changes to your contact information using this form and return via email to ofcmgr@triparestates.com, general@triparestates.com, or in person at the Main Office.

PERSONAL INFORMATION: **INCLUDE IN TRIPAR RESIDENT DIRECTORY:** ☐ YES ☐ NO

Todays Date:_____ **Check IN –** ☐ **Date:** _____ **Check OUT-** ☐ **Departing Date:** _____

1. **First Name:** _____ **Last:** _____ **Email:** _____

☐ Owner ☐Renter ☐ Year-Round ☐Seasonal **(Check all that apply)**

Primary Phone: _____ ☐ Cell ☐ Home ☐ Work
Secondary Phone _____ ☐ Cell ☐ Home ☐ Work

2. **First Name:** _____ **Last:** _____ **Email:** _____

☐ Owner ☐Renter ☐ Year-Round ☐Seasonal **(Check all that apply)**

Primary Phone: _____ ☐ Cell ☐ Home ☐ Work
Secondary Phone _____ ☐ Cell ☐ Home ☐ Work

TRI-PAR ADDRESS:

Street: _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relation:** _____ **Phone:** _____ ☐Cell ☐Home ☐Work

Email: _____ **Address:** _____

PET(S)
Name: _____ **Type of pet:** _____ **Breed:** _____ **Weight:** _____
Name: _____ **Type of pet:** _____ **Breed:** _____ **Weight:** _____

VEHICLES

Year: _____ **Make/Model:** _____ **Color:** _____ **Plate #:** _____ **State:** ____
Year: _____ **Make/Model:** _____ **Color:** _____ **Plate #:** _____ **State:** ____

LANDSCAPER/PROPERTY MAINTENANCE:

Name: _____ **Phone:** _____ **Email:** _____

HOME ADDRESS:
Street: _____ **City:** _____ **State: Zip:** _____
Signature: _____ **Date:** _____ **Submit Form:** ☐