

**ROCK CREEK GARDENS CONDOMINIUM
Annual Community Census**

Census Year:

2021

Unit owners are required by law to annually provide name and current mailing address. Other information collected on this form consolidates data collection requirements that are common to many recurring functions and eliminates the need to burden residents with multiple requests for the same information. Census information allows the Board of Directors and management agent to more efficiently organize and administer ongoing community management tasks, including timely issuance of parking permits and pool passes.

Unit Owner's Personal Information

(Name and current mailing address is required by state law. Current telephone number is requested but is not mandatory)

Name(s) of Unit Owner:	Address and unit number of unit(s) owned	Telephone Numbers	
		Home:	Work or Cell:
Legal Representative (if other than owner):	Mailing Address for legal representative (if different from above):		

Unit Owner's Consent to Receive Official Notifications Electronically

(Indicate your preference by initialing the appropriate block below)

YES	I voluntarily consent to receiving official notifications by electronic means in lieu of hard copy and desire to have such notifications sent to the following electronic address:	NO	I DO NOT consent to receiving official notifications electronically and desire to receive such notifications by postal mail at the address provided above.
Electronic mail address (es):			

Resident Information

(Please List the names of everyone who resides in the unit)

Name:	Name:
Name:	Name:
Name:	Name:

Motor Vehicle Registration

Vehicle #1	Year:	Make:	Model:	Color:	State and Plate No.
Vehicle #2	Year:	Make:	Model:	Color:	State and Plate No.

Pet Registration

← Please initial the block to the left if no pets are maintained in this unit.

Pet #1	Name of Pet:	Breed or Species:	Color:	State License No:	Rabies Tag No:
Pet #2	Name of Pet:	Breed or Species:	Color:	State License No:	Rabies Tag No:
Pet #3	Name of Pet:	Breed or Species:	Color:	State License No:	Rabies Tag No:

Certifications

Please initial he proper box:	<i>I certify that I <u>do</u> have in force condominium unit owner's insurance in a principal amount of at least \$5,000.</i>
	<i>I certify that I <u>do not</u> have in force condominium unit owner's insurance in a principal amount of at least \$5,000.</i>
Please initial one of these two options:	<i>I acknowledge that I have provided a key to my unit(s) listed above to the on-site office for purposes of immediate access incident to an emergency and for other purposes only with my prior approval.</i>
	<i>I have exercised my option to not provide a key for emergency access to my unit(s) and acknowledge that management, the Board, and Council of Unit Owners is not liable trespass or for any damage caused forced entry incident to an emergency, as provided for in state law.</i>

I also certify that the information provided above is true, correct, and complete to the best of my knowledge and belief

Unit Owner's Signature

On-site Office Use Only

Parking Permit #:	Resident Pool Pass Number:	Resident Pool Pass Number:	Guest Pool Pass Number:	MEDECO Key Number:
Visitor Permit #:	Resident Pool Pass Number:	Resident Pool Pass Number:	Guest Pool Pass Number:	Date Issued:
Date issued:	Date Issued:	Date Issued:	Date Issued:	Property Manager Signature: