

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

Today's 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: ☐