



Unit Owner and Resident Information Sheet

Address: _____ Unit #: _____

Owner's Name (First, Last) _____ Phone Number _____

Joint Owner's Name _____ Phone Number _____

Additional Resident Name _____ Phone Number _____

_____ No Email
Email Address for all Correspondance _____

Emergency Contact Name _____ Phone Number _____

Number of Pets _____ Type of Pet(s) _____ Pet(s) Name(s) _____

Vehicle 1 Make / Model _____ License Plate _____

Vehicle 2 Make / Model _____ License Plate _____

Please return this form to the office dropbox or email to brgc2825@gmail.com
2825 Fairfield Avenue #1, Bridgeport, CT 06605