

Rules and Regulations
Association of Owners, Satellite Apartment Building, Inc.

VEHICLE PARKING REGISTRATION

Parking Permit Number Date Registered

--	--

NAME _____

Homeowner () Renter () Business Employee ()

Home Address _____

or

Business Address _____

Telephone(s) main _____ Cell / Mobile _____

Make of Vehicle _____ Model _____

Year of Vehicle _____ Color _____

License Tag Number _____ State _____

Park Outside? Yes () No () Garage Space # _____

Driver's Signature _____

Rules and Regulations
Association of Owners, Satellite Apartment Building, Inc.

RESIDENT INFORMATION

CURRENT INFORMATION ONLY!! PLEASE COMPLETE & RETURN.

NAME _____ UNIT NO. _____

PHONE NO. _____ DO YOU WANT YOUR PHONE NUMBER LISTED IN THE
SATELLITE DIRECTORY? YES NO

DO YOU OWN? ____ DO YOU RENT? ____ STORAGE SPACE _____

GARAGE SPACE _____ VEHICLE LICENSE NO. _____

PARKING PERMIT NO. _____

EMERGENCY CONTACTS: These contacts are not for the purpose of medical emergencies. They are for matters of Satellite staff entering units for building emergencies, like water leaks, etc., just to notify unit's occupant of necessary entry.

First Contact:

Name _____ Relationship _____

Address: _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Business Phone _____ Other _____

Second Contact:

Name _____ Relationship _____

Address: _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Business Phone _____ Other _____

CONDITIONS REQUIRING ASSISTANCE:

If you have a condition or some other reason you might need assistance during an emergency, such as a fire evacuation, please provide us with information about your condition and how you would require help. This information could help emergency personnel save a life!

Condition _____ Assistance Needed _____

