



RIVER NORTH & RIVER COMMUNITIES ASSOCIATION

Resident Update Data Form

LOT # _____

(Complete this form and return back electronically to): hoaoffice@rivernorthmacon.com

Reason for Completing this form (Check One):

Date: _____

- Reasons for completing form: New Resident, Change, New Vehicle, Update, Other

Resident: Last Name, First Name, SSN

River North Address: _____

Email: _____

Home Number: _____ Cell Number: _____

Alt. Cell Number: _____

Spouse: Last Name, First Name, SSN, Contact Number

If you Purchased Residence:

Date of Closing: _____ Mortgage Holder: _____

If You are Leasing/Renting Residence:

Owner: _____ Owners Address: _____

Garbage Service Option: YES - I want Service NO - I DO NOT want Service

Other Persons (Not Immediate Family) Residing at the Address:

Name: _____ Phone: _____

Emergency Contact(s):

Name: _____ Name: _____

Phone: _____ Phone: _____

List All Vehicles at the Address: (Owner Type: R=Resident - TR=Temporary Resident - S=Sponsored)

Table with columns: Make, Model, Year, Color, Tag, Owner Type, Transponder, Date Issued

Residents Signature _____