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: _____

☐ New Resident ☐ Change ☐ New Vehicle ☐ Update ☐ Other

Resident: _____ (Last Name) _____ (First Name) XXX-XX- _____ (SSN- (Last 4 Only))

River North Address: _____

Email: _____

Home Number: _____ Cell Number: _____

Alt. Cell Number: _____

Spouse: _____ (Last Name) _____ (First Name) _____ (Contact Number) _____ (Other)

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)*

	Make	Model	Year	Color	Tag	Owner Type R / TR / S	***OFFICE USE ONLY*** ***Transponder***	***Date Issued***
1								
2								
3								
4								
5								

_____

Residents Signature

revised 10/2023 rb