

# HARBOURVIEW CONDOMINIUM ASSOCIATION

## OWNER/TENANT REGISTRATION FORM

TODAY'S DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S CONTACT INFORMATION \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

OWNER ACKNOWLEDGES THAT THE TENANT'S OCCUPANCY IS CONTINGENT UPON THE ADHERENCE OF THE HARBOURVIEW CONDOMINIUM ASSOCIATION'S RULES AND REGULATIONS

RENTAL AGENT & AGENCY \_\_\_\_\_

CONTACT # \_\_\_\_\_

I/WE CERTIFY THAT I/WE HAVE READ THE RULES AND REGULATIONS OF THE HARBOURVIEW CONDOMINIUM ASSOCIATION. I/WE UNDERSTAND WILL AGREE TO BE BOUND BY ALL THE TERMS AND PROVISIONS SET FORTH THEREIN.

TENANT'S NAME\* \_\_\_\_\_

PLEASE PRINT

SIGNATURE \_\_\_\_\_

LEASE DATE BEGINS \_\_\_\_\_ LEASE DATE ENDS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

AUTO REGISTRATION \_\_\_\_\_

**\*NOTE: IF MORE THAN ONE PERSON IS OCCUPYING A UNIT, EACH TENANT MUST SIGN THE TENANT REGISTRATION FORM & ALL OCCUPANTS MUST BE LISTED.**

PLEASE RETURN THIS FORM TO:

**PREMIER PROPERTY MANAGEMENT  
26 VALLEY ROAD SUITE 203 MIDDLETOWN, RHODE ISLAND 02842**