

TENANT REGISTRATION FORM

Unit owner's with tenants renting their unit must submit this form
(Please Print or Type)

TENANT INFORMATION			
Tenant Name:			
Mailing Address:			
P.O. Box:	City:	State:	ZIP Code:
Home Phone No.: ()	Cell Phone No.: ()	Work Phone No.: ()	
Email Address:			
Roommate Name			
Roommate Email Address			
Cell Phone No.: ()	Work Phone No.: ()	Pets:	

UNIT MANAGEMENT INFORMATION	
Intercom / Marquis Display:	Phone Number Associated w/ Intercom:
Key Fob No.:	Garage Controller No.:
Preferred Rent Payment Method: <input type="checkbox"/> Direct Debit <input type="checkbox"/> Mail In Check <input type="checkbox"/> Electronic Check Participants in Direct Debit must submit signed authorization form.	

EMERGENCY CONTACT INFORMATION	
Contact Name:	Phone No.: ()
Contact Address:	Relationship:

Please Return Completed Form to:

Urban Property Management
35 Fay Street, 107A, Boston MA 02118
FAX 617-437-9933 EMAIL info@urbanmanagement.net

OFFICE USE ONLY

InfoDash/Outlook:	Yardi:	Intercom/Fobs:
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