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Resident Information Sheet

Dear Resident: Please complete and return this form by _____. This information is needed to update our files and will not be disseminated to any other party without your specific approval.

Date Submitted: _____

	Primary Resident Information Below	Roommate/Spouse Information Below	Additional Roommate Info:
Name (First, M, Last)			
Email Address:			
Main Number:			
Cell Number:			
Employer Name-			
Work Number:			
Make of Auto, Yr, Color			
Secondary Auto: Make, Yr, Color			
Primary Automobile Plate Info: (State and Number)			
Secondary Automobile Plate Info:			
If you have a Pet- (Type, Weight, Age and Breed)			
Emergency Contact Person (Name, Relation, Phone Number)			
Secondary Emergency Contact Person (Name, Relation, Phone Number)			

Mailing Address: _____

Names & age of all persons living in house: _____
