STRATHMORE RIDGE HOMEOWNER'S ASSOCIATION 2024 CENSUS FORM

	UNIT ADDRE <u>S</u> S				
	Owner/Landlord Name				
	Mailing Address			_	
	Email Address:				
	HOME TELEPHONE#		Cell#:		
T	Tenant Name(s) if applicable				
E N	Tenant Phone #		Tenant Email	$- \begin{pmatrix} N \\ L \\ V \end{pmatrix}$	
A N T	Date and term of lease (if app	plicable)		J	
	Number of Residents in Unit_				
FULL NAMES AND AGES OF OCCUPANTS IN UNIT (use back if you need more space)					
NUMBER OF VEHICLES IN THIS UNIT					
	YEAR MAKE	COLOR	LICENSE PLATE# (use back if you need more	space)	
	Pets -Dogs# Color/Breed/Size				
	-				
I Have Read the House Rules of the Community					
(ht	-		-and-information) & Agree to abide by	them:	
			Date e occupants of this unit with a copy of the House	Rules of	
	the Association. I have Informed the Tenants that use of this unit is subject to the Declaration, By-Laws and Rules of SRHOA and provisions of these documents is enforceable by the Association.				
	Homeowner Signature(s)		Date	_	
	This census form must be filled in and returned within 30 days. You Can email a photo or a scanned copy to <u>Strathmoreridge@gmail.com</u> , or just simply drop it in the mail slot at the office				
	If any information changes during the year, please contact the office. Thanks!				
	Office – 631-924-7290 <u>strathmoreridge@gmail.com</u>				
1 Strathmore Ridge Dr, Ridge, NY 11961~ PO Box 506 Ridge, NY 11961					