Holly Village 350 Silver Run Rd. Millville, NJ 08332

Phone: (856) 825-3083 Fax: (856) 825-5442 Email: hollyvillagengk@gmail.com

Resident Information Sheet

Current Home Phone Number: _ Current Cell Phone Number: _ Current Work Phone Number: _ Current E-Mail: _			
Do you have any detached and Description (i.e shed, garage):		ctures? YES NO How I	many:
Parking: DRIVEWAY		STREET PARKING [
By signing this form, you are confirming that you're in compliance with your Lease (Page 5; Section 13/INSURANCE) and you're able to provide proof of insurance at any given time. Homeowners Insurance Company:Policy #:			
Name:Name:	Age: Age: Age: Age: Age:	ss: : Relationship: : Relationship: : Relationship: : Relationship: : Relationship:	
Make:M Make:M	nicles will be tow odel: odel: odel:	red at owner's expense.) Plate #: Plate #: Plate #: Plate #:	
		n, you are confirming that all pets, ection 7/PETS) and you're able to p	
		e proof of valid rabies vaccine for e	
		License #: License #:	
		License #:	
In Case of Emergency: Contact Name:		Phone Number:	
Home's Heating Source?	Oil:	Natural	Gas:
Signature of Homeowner:		Date:	
Signature of Homeowner:		Date:	

A mandatory background check is required on all residents <u>prior</u> to living within the Holly Village Community.