



Country Aire Estates M.H.P.

RESIDENT INFORMATION FORM

Name: _____ DOB: _____

Name: _____ DOB: _____

Park Street Address: _____ Lot # _____

Email Address: _____

Alternative Email Address: _____

☐ Unpublished, do not list email in park directory

*The CAE Office will periodically send park notices & news via email in efforts to keep all residents informed. You can opt out of email notifications by responding to our email and asking us to remove you from the list.

Home Phone #: _____ Cell #: _____

☐ Unpublished, do not list in park directory

☐ Unpublished, do not list in park directory

Anniversary Date: _____ ☐ Unpublished, do not list in park directory

*(Birthday & Anniversary parties are given monthly for residents & are announced in the monthly newsletters)

FORWARDING ADDRESS

Alternative Mailing/Northern Address: _____

Alternative/Northern Phone #: _____ ☐ Unpublished, do not list in park directory

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Doctor's Name: _____ Phone: _____

The above **EMERGENCY information will help us help you should the need arise. The information you provide is voluntary. We need the correct phone number and name of the person(s) to notify in case of emergency. The information on this form is kept confidential and will only be used by the office in the event of an emergency.

☐ I am ☐ I am not keeping a house key on file with the park office. By my signature below, I hereby authorize the manager to enter my home in case of emergency.

Signature: _____ Date: _____

Signature: _____ Date: _____