

TENANT INFORMATION FORM  
ORCHARD VALLEY  
HOMEOWNER ASSOCIATION

TENANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT ADDRESS: \_\_\_\_\_

HOME PHONE: (     ) \_\_\_\_\_ WORK PHONE (     ) \_\_\_\_\_

AUTOMOBILES: License # / State / Make / Model / Color / Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIMARY EMERGENCY CONTACT (Should have a key to the unit)**

NAME / RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (S): \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT**

NAME / RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (S): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

-----

NOTE: The above information is for use by the local Fire Department when responding to an alarm, and the Property Management for control of the health, safety, or welfare of residents or property.

**Mail to Alpha Management Services, PO Box 4482, Aurora, IL 60507-4482.**