

**Resident Information Form**  
**Clarksburg Condominium II**  
12824 Clarksburg Square Rd and 23730 Clarksmeade Dr



*Please print all information)*

**PRIVACY POLICY:** Please note, the information provided below is confidential and will not be shared with any third party and will be kept on file at management's office in order to contact you in cases of emergency. Thank you for your understanding and cooperation.

**1) Unit Owner Information:**

Unit Address: \_\_\_\_\_  
Unit Owner Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

**2) Resident(s)/Tenant(s) Information:**

Name of ALL residents occupying unit (including tenants):  
Tenant Name: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Tenant Email Address: \_\_\_\_\_  
Tenant Name: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Tenant Email Address: \_\_\_\_\_

**3) Automobile Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag# \_\_\_\_\_ Color: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag# \_\_\_\_\_ Color: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag# \_\_\_\_\_ Color: \_\_\_\_\_

**4) Pet Information:**

Type (e.g. cat, dog): \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

**5) Emergency Contact:** \*Does this person have a key to your home? Yes:  No:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

**Please return this form to:**

*Abaris Realty ATTN: Shireen Ambush via mail to 7811 Montrose Road , Suite 110, Potomac, MD 20854,  
via FAX: 301-468-0983, or via email: [sambush@abarisrealty.com](mailto:sambush@abarisrealty.com)*