



# Waterway Arms

## OWNER CENSUS 2024-2025

*To be completed by homeowner*

Address: \_\_\_\_\_

Owner address if different \_\_\_\_\_

Owner phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Number of occupants \_\_\_\_\_

Number of cars \_\_\_\_\_ Tag number \_\_\_\_\_

\_\_\_\_\_

Trash bin serial number \_\_\_\_\_

Recycle bin serial number \_\_\_\_\_

Pool card number \_\_\_\_\_

who is permitted to use? \_\_\_\_\_

Unit is:

\_\_\_\_\_ Owner occupied

\_\_\_\_\_ Monthly rental

\_\_\_\_\_ Long-term rental

\_\_\_\_\_ Short-term rental

Renter contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

STR designated local agent

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

**X**

\_\_\_\_\_  
Homeowner signature