

**The Rockaway at Rocky Neck Condominium Census Form**  
**Please fill out completely and return to**  
**E.P. Management Corp, 7 Tozer Road, Beverly, MA 01915**

Unit #: \_\_\_\_\_

Date: \_\_\_\_\_

Unit Owner Name(s): \_\_\_\_\_

Primary Mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Names of all Unit Occupants:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

**Nearest Person Having Emergency Access to your Unit:**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email #: \_\_\_\_\_

Does your emergency contact have a key to your unit? \_\_\_\_\_

**TENANT INFORMATION (If unit is rented):**

Unit is occupied by how many Tenants?: \_\_\_\_\_ Lease expires on what date?: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email address: \_\_\_\_\_

**RESIDENT VEHICLE REGISTRATION INFORMATION (Owner or Tenant):**

1) Year/Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate # \_\_\_\_\_

2) Year/Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate # \_\_\_\_\_

3) Year/Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate # \_\_\_\_\_

**PET REGISTRATION INFORMATION (Owner or Tenant):**

1) Dog(s)—Number: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Licensed?: Yes No Vaccinated?: Yes No

2) Cat(s)—Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Licensed?: Yes No Vaccinated?: Yes No

3) Other animals? \_\_\_\_\_

Any other pertinent information: \_\_\_\_\_