

**SUMMERFIELD AT RIVER HILL CONDOMINIUM  
RESIDENT INFORMATION FORM  
(PLEASE PRINT ALL INFORMATION)  
SECTION #1 MUST BE FILLED IN COMPLETELY**

1. Unit Owner's Name(s): \_\_\_\_\_

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

Unit Phone Number: \_\_\_\_\_

2. Owner's Address if Non-Resident: \_\_\_\_\_

\_\_\_\_\_

Owner's Home Phone Number: \_\_\_\_\_

Owner's Office/Cell Phone Number: \_\_\_\_\_

Spouse's Office/Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Name of **ALL** Residents Occupying Unit/Tenants Name(s) if Rented:

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

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

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

4. Automobile Information:

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

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

5. Pet Information:

Type of Pet: \_\_\_\_\_ Name: \_\_\_\_\_ Color: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Name: \_\_\_\_\_ Color: \_\_\_\_\_

6. Person to contact in case of emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed form to Abaris Realty, Inc., 7811 Montrose Road, Suite 110, Potomac, MD 20854 or FAX (301) 468-0983, Attn: Shireen Ambush  
Please be assured that this information is for emergency use only and will be kept confidential.**