SWANSTON SQUARE

SWANSTON SQUARE RESIDENT REGISTRATION FORM

To register complete one form for each occupant and return to the Building Management Team for processing.

MOVE IN DATE: .....

APARTMENT NUMBER: .....

FIRST NAME: .....

SURNAME: .....

GENDER: M F DATE OF BIRTH:..... / ..... (Day & Month only)

MOBILE: .....

EMAIL:.....

DO YOU HAVE ANY CHILDREN? YES ☐ NO ☐
If yes enter name(s) and age: .....

.....

PET: ☐ DOG..... ☐ CAT.....

EMERGENCY DETAILS

EMERGENCY CONTACT NAME:.....

EMERGENCY CONTACT PHONE:.....

MOBILITY IMPAIRED: YES ☐ NO ☐

If yes , type of impairment: .....

CAN YOU SELF EVACUATE: YES ☐ NO ☐

SWANSTON SQUARE

CAR REGISTRATION CAR 1:

Registration number: .....

Make/Model: .....

Colour: .....

Level/Car space: .....

CAR REGISTRATION CAR 2:

Registration number: .....

Make/Model: .....

Colour: .....

Level/Car space: .....

CAR REGISTRATION CAR 3:

Registration number: .....

Make/Model: .....

Colour: .....

Level/Car space: .....

CAR REGISTRATION CAR 4:

Registration number: .....

Make/Model: .....

Colour: .....

Level/Car space: .....

BIKE STORAGE: YES NO .....

OFFICE USE

Welcome pack emailed by: ..... Date: .....

CSP updated by: .....