

**TENANT/OCCUPANT REGISTRATION FORM**  
(AGC Policy Resolution 21-01)

Please mail to: Arbor Glen Cluster Association  
P.O. Box 723  
Herndon, VA 20172-0723

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

**Property Address:** \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_  
First Name Last Name

Name: \_\_\_\_\_  
First Name Last Name

Name: \_\_\_\_\_  
First Name Last Name

Owner's Off-Site  
Mailing Address: \_\_\_\_\_

Owner's E-Mail: \_\_\_\_\_

Owner's Telephone Numbers: \_\_\_\_\_  
(Home/Work) (Cell)

Owner's managing agent (if any): \_\_\_\_\_

Managing agent E-Mail: \_\_\_\_\_

Managing agent Telephone Numbers: \_\_\_\_\_

Optional: Owner's may, but are not required to, provide a copy of the lease or rental agreement along with this form.

**Tenant/Occupant Information:**

Name: \_\_\_\_\_  
First Name Last Name Email

Name: \_\_\_\_\_  
First Name Last Name Email

Name: \_\_\_\_\_  
First Name Last Name Email

Tenant Mailing Address: \_\_\_\_\_

Tenant Telephone Numbers: \_\_\_\_\_  
(Home/Work) (Cell)

\_\_\_\_\_  
(Home/Work) (Cell)

\_\_\_\_\_  
(Home/Work) (Cell)

**Tenant Vehicle Information:**

Vehicle 1: \_\_\_\_\_  
(Make, Model & Color) (State License Plate No.)

Vehicle 2: \_\_\_\_\_  
(Make, Model & Color) (State License Plate No.)

Vehicle 3: \_\_\_\_\_  
(Make, Model & Color) (State License Plate No.)

**Tenant Acknowledgment:**

By my signature below, I acknowledge that I have been provided a copy of the rules and regulations governing the Cluster Association, including this Resolution, and that I consent to them.

Name: \_\_\_\_\_  
First Name Last Name

Name: \_\_\_\_\_  
First Name Last Name

Name: \_\_\_\_\_  
First Name Last Name

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**FOR CLUSTER ASSOCIATION USE ONLY**

Lot: \_\_\_\_\_

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

Copy of Signed Lease received:      Yes    No

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date