

COVENTRY POINTE HOMEOWNERS ASSOCIATION

Annual Census Form 2025

DATE COMPLETED : _____

Owned _____ Leased _____

***If LEASED , Provide A COPY OF A EXECUTED LEASE WITH RETURN OF CENSUS, PER HOA RULES**

OWNER

Name _____

Address _____

Phone _____

E-Mail(Required)

OWNER

Name _____

Address _____

Phone _____

E-Mail(Required)

TENANT (*if Unit is Leased)

Name _____

Address _____

Phone _____

E-Mail (Required)

TENANT (*If Unit is Leased)

Name _____

Address _____

Phone _____

E-Mail (Required)

EMERGENCY CONTACT

(*Do NOT list yourself here. This MUST be someone who does not reside in the unit. We will only contact them in an emergency.)

Name: _____

Address: _____

Phone/Email: _____

PETS

Name	Species	Breed	Color

VEHICLES

Year	Make	Model	Color	Plate #	State

FIRE SAFETY

Number of Smoke Alarms: _____

Number of Fire Extinguishers: _____

Please Be Sure to Write Legibly