Lakeside Tenant Registration

(Needed for each Tenant)

Date :_____   Date Scanned :_____

Lakeside Property Address :_____

Bldg Name :_____ Unit #_____ (If applicable)

Please print legibly

TENANT(S) INFORMATION

Name of Main Leaseholder :_____

Cell Phone#_____ Work # :_____

Email Address :_____(must have email)

Vehicle Make:_____Model:_____

Color:_____ License Plate #_____State:_____

EMERGENCY CONTACT NAME:_____PHONE#_____

*Please initial each of the following indicating you have read, understand and agreed to each one.

_____LAKESIDE OFFICE/MANAGEMENT MUST NOTIFIED 2 WEEKS PRIOR TO YOU MOVING OUT.

_____MOVING BOXES, FURNITURE, OR LARGE HOUSEHOLD WASATE ITEMS ARE **NEVER** TO BE LEFT IN OR AROUND THE DUMPSTER DURING YOUR RESIDENCE OR UPON YOUR MOVING.

_____LAKEVIEW TERRACE AND CHRISTIANNA ARE NON-SMOKING ASSOCIATIONS.

_____PETS ARE HIGHLY DISCOURAGED IN RENTAL UNITS OF LAKEVIEW TERRACE AND CHRISTIANNA

_____I HAVE READ THE RULES OF REGULATIONS OF THE ASSOCIATION AND WILL FOLLOW THEM.

_____ANY CHANGES OR UPDATED INFORMATION IS DUE TO THE MANAGEMENT OFFICE WITHIN 30 DAYS. (This includes, but not limited to changes in email, new tenant additions, vehicle, etc)

Non-compliance will result in a fine to the owner/landlord. By signing below, I am agreeing to all these terms and conditions above. (Fine Schedule-1st offense (Notice), 2nd Offense $50

_____   (Signature) _____   (Date)

Lakeside Tenant Information Continued..... (if needed)

Additional Tenant's or Children Names

Name: (please print)_____

Phone #:_____Work #:_____

Email:_____

Vehicle Make:_____Color:_____License #_____

EMERGENCY CONTACT:_____PHONE #_____

Name: (please print)_____

Phone #:_____Work #:_____

Email:_____

Vehicle Make:_____Color:_____License #_____

EMERGENCY CONTACT:_____PHONE #_____

Name: (please print)_____

Phone #:_____Work #:_____

Email:_____

Vehicle Make:_____Color:_____License #_____

EMERGENCY CONTACT:_____PHONE #_____

Updated December 2025

_____(Initial)