

# Quality Property Management Company

317 Howard St, Medford, OR 97504

◆ (541) 776-7674 ◆ Fax (541) 776-3246 ◆

E-Mail Address: info@qpmcompany.com

## RESIDENT UPDATE FORM

Members of the household:

<u>NAME</u>	<u>DOB</u>	<u>NAME</u>	<u>DOB</u>

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

**Mailing Address:** \_\_\_\_\_

**Phone (h):** \_\_\_\_\_ **(c):** \_\_\_\_\_

**(w):** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### Employment:

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### In case of an emergency who would you like us to contact?

\_\_\_\_\_  
(Next of kin) (Relationship) (Phone Number)

### Vehicle(s):

\_\_\_\_\_  
(Year) (Make) (Model) (Color) (Plate #) (State Registered)

\_\_\_\_\_  
(Year) (Make) (Model) (Color) (Plate #) (State Registered)

Please list any additional vehicles on the back of this form. All unregistered vehicles are subject to towing at the owner's expense.

### Pet(s):

\_\_\_\_\_  
(Name) (Breed) (M/F) (Color(s)) (Age) (Weight)

\_\_\_\_\_  
(Name) (Breed) (M/F) (Color(s)) (Age) (Weight)

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Tenant Signature)

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Tenant Signature)