

# RIVERWALK at RAHWAY CONDOMINIUM ASSOCIATION RAHWAY, NEW JERSEY

**Managing Agent**  
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## **CONFIDENTIAL RESIDENT INFORMATION**

Please assist the Association in maintaining accurate records for your home. Since the information that you provide will be used to compute assessment credits, charges and adjustments, it is important that this form in updated on a yearly basis or any time there is a substantial change in any of the data. The management office will maintain all records on behalf of the Association and only changes submitted in writing will be considered valid.

OWNER(S) OF RECORD: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER MEMBERS OF HOUSEHOLD: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

ADDRESS OF UNIT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name and Phone # of PERSON TO CONTACT IN AN EMERGENCY:

\_\_\_\_\_

TENANT NAME: \_\_\_\_\_ DATE OF LEASE: \_\_\_\_\_

DATE OF COPY OF LEASE SENT TO MANAGEMENT OFFICE : \_\_\_\_\_

ARE YOU INTERESTED IN SERVING ON THE ASSOCIATION BOARD: Yes \_\_\_\_\_ NO \_\_\_\_\_

LIST ANY OTHER INFORMATION YOU WOULD LIKE MANAGEMENT TO MAINTAIN ON FILE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE BY EMAIL, FAX, OR REGULAR MAIL.**

**PLEASE MARK HOW YOU WOULD LIKE TO BE NOTIFIED:**

\_\_\_\_\_ REGULAR MAIL \_\_\_\_\_ TEXT \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE