Neighborhood Captains

RESIDENT INFORMATION FORM

This information will be used to enable the Solivita Neighborhood Captains Program to provide communications to you. **Please Print Clearly.**

Neighborhood Name

Street Address___ _____

Resident 1

Resident 1 Name _____

Preferred phone: _____ Birth Month/Day _____ *(for congratulations in newsletter)*

Preferred Email: _____

____ *I am not interested in participating. Please do not contact me.*

Resident 2

Resident 2 Name _____

Preferred phone: _____ Birth Month/Day _____ *(for congratulations in newsletter)*

Preferred Email: _____

_____ *I am not interested in participating. Please do not contact me.*

Resident 3

Resident 3 Name _____

Preferred phone: _____ Birth Month/Day _____ *(for congratulations in newsletter)*

Preferred Email: _____

____ *I am not interested in participating. Please do not contact me.*

Signature: _____ Date: _____

Please use the back for additional residents.

Please return this form to: _____