

Verona New Resident Form

PLEASE PRINT

Complete One Form Per Household

Full Time Resident

Part Time Resident from _____ to _____

VERONA

STREET: _____ HOME PHONE: _____

First Resident:

NAME: _____ CELL NUMBER: _____

EMAIL ADDRESS : _____

BIRTH MONTH & DAY ONLY: _____

Second Resident:

NAME: _____ CELL NUMBER: _____

EMAIL ADDRESS : _____

BIRTH MONTH & DAY ONLY: _____

Emergency Contact:

NAME: _____ RELATIONSHIP: _____

EMAIL ADDRESS : _____ BEST PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

EMAIL ADDRESS : _____ BEST PHONE NUMBER: _____

Please drop off this

form to: Jim Cisek, Neighborhood Captain, 586 San Joaquin Road,

SLV-Verona@Evergreen.LM.com

If you are interested in volunteering in our neighborhood please let Jim Cisek or Jenny Suarez know.