

Gates at Brightside Condominium Association

c/o Lewis Companies
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RESIDENT INFORMATION

Date: _____

UNIT ADDRESS: _____

TENANT/RESIDENT:

Name: _____ Driver's License No. _____
Listing for gate directory _____

Telephone: _____ Email: _____

Name: _____ Driver's License No. _____
Listing for gate directory _____

Telephone: _____ Email: _____

Name: _____ Driver's License No. _____
Listing for gate directory _____

Telephone: _____ Email: _____

VEHICLE DESCRIPTION: (this includes cars, trucks, and motorcycles-any motorized vehicle.)

Make: _____ Model: _____ Color: _____ Plate: _____

Make: _____ Model: _____ Color: _____ Plate: _____

Make: _____ Model: _____ Color: _____ Plate: _____

PETS:

Type of Pet: _____ Breed: _____

Weight: _____ Color: _____

Male or Female: _____ Name: _____

Type of Pet: _____ Breed: _____

Weight: _____ Color: _____

Male or Female: _____ Name: _____