

# VASSAR RECORDS UPDATE

## 2019-2020

IT'S THAT TIME AGAIN TO UPDATE THE VASSAR SQUARE DIRECTORIES, EVEN IF THERE ARE NO CHANGES, WE WOULD APPRECIATE YOUR FILLING OUT THE INFORMATION AGAIN. **IT IS IMPORTANT FOR THE OFFICE TO HAVE CORRECT INFORMATION. IN ORDER TO APPEAR IN THE "IN-HOUSE DIRECTORY", YOU MUST CHECK ONE OF THE BOXES BELOW.**

THANK YOU FOR YOUR COOPERATION.

**\*\*\*PLEASE CHECK ONE\*\*\***

I WOULD LIKE TO BE LISTED  
IN THE "IN-HOUSE" DIRECTORY  
VASSAR PHONE NUMBER ONLY

I WOULD LIKE TO BE LISTED  
IN THE "IN-HOUSE" DIRECTORY  
SHOWING ALL MY PHONE NUMBERS

I WOULD ONLY LIKE TO BE LISTED IN THE OFFICE DIRECTORY (NOT AVAILABLE TO RESIDENTS)

I would like my lessee information printed

**\*\*\*UNIT # \_\_\_\_\_ \*\*VASSAR PHONE #\*\* \_\_\_\_\_**

### PRIMARY ADDRESS

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ FAX  
(\_\_\_\_) \_\_\_\_\_ OFFICE (\_\_\_\_) \_\_\_\_\_ CELL

### IF APPLICABLE, SECOND ADDRESS (WINTER):

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**\*\*IMPORTANT: IN CASE OF EMERGENCY  
(IF MORE THAN TWO PLEASE LIST ON A SECOND PAGE)**

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ FAX  
(\_\_\_\_) \_\_\_\_\_ OFFICE (\_\_\_\_) \_\_\_\_\_ CELL

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ FAX  
(\_\_\_\_) \_\_\_\_\_ OFFICE (\_\_\_\_) \_\_\_\_\_ CELL

VASSAR SQUARE E-MAIL ADDRESS IS: ADMIN@VASSARSQUARE4800.COM

IMPORTANT: PLEASE LIST YOUR E-MAIL ADDRESS BELOW FOR OFFICE USE ONLY. THIS IS VERY IMPROTANT FOR ANNOUNCEMENTS AND EMERGENCY CONTACT.  
PLEASE PRINT CLEARLY AS IT IS VERY IMPORTANT TO ENTER YOUR INFORMATION CORECTLY.  
THANK YOU.

E-MAIL ADDRESS: \_\_\_\_\_

PLEASE CHOOSE ONE:

I authorize you to send all communication to my email address above.

\_\_\_\_\_  
Signature

All communications should be mailed to:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

**Lessee Information:**

Name: \_\_\_\_\_ Unit # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ FAX  
(\_\_\_\_) \_\_\_\_\_ OFFICE (\_\_\_\_) \_\_\_\_\_ CELL