

For TN	T Use Only:
File #:	Initials:
Date Received	:
□ Updated in	n Computer



Residential Properties

RESIDENT INFORMATION UPDATE

(Please Print)

In order to ensure our files are current, we would appreciate you taking a few moments to complete this form and either mail, email or fax it back to us. Please be as thorough as possible. *If you provide an email address, this will become our primary means of contacting you.*

Leaseholder Name:			
Property Address:			
Mailing Address (If Different):			
Current Occupants:			
Home Phone:	Work Phone:	Cell Phone	o:
Which of the above numbers is your			
Email Address: (Please make sure and add TN	we will contact with an	ny questions regarding ma	t sent to your "Junk" mail.)
In case of emergency, I give TNT pe	ermission to notify the fo	ollowing:	
Name:	Relationship:	Phone	e #:
I understand that the above named of incapacitation or inability to do so		as permission to remove my	belongings in case of my
Resident Signature	Date	Resident Signature	Date

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