

# Occupant Information Form

In order to keep our records up to date, we request you complete this form. Please be assured any information you give us will remain confidential. Submit the completed form in person in any of our offices or via email to **communities@ecm.ae**

## Contact details

<b>Occupant name:</b>	<input type="text"/>	<b>Homeowner:</b>	<input type="checkbox"/>	<b>Tenant:</b>	<input type="checkbox"/>
<b>Community:</b>	<input type="text"/>	<b>Unit no:</b>	<input type="text"/>	<b>Street no:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>	<small>(if applicable)</small>			
<b>Mobile:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Telephone:</b>	<input type="text"/>	<small>(DD)</small>	<small>(MM)</small>	<small>(YYYY)</small>	

Total number of occupants in your household: **Adults**  **Children**

**If you are a tenant, please attach a copy of your tenancy contract or Ejari Registration Certificate.**

## Occupants with special needs

Please tell us if any of the occupants have special needs and may require assistance during emergencies or an evacuation:  
(For example: physically challenged, long term illness, limited mobility, wheelchair bound, etc)

  


**Need to revalidate your vehicle sticker, transponder or card?  
Please submit the vehicle access application form along  
with this to avoid deactivation.**

## For office use only:

Is the Community Service Fee paid in full?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Received by:</b>	<input type="text"/>
Are all checks conducted as per policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Records updated on system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Received date:</b>	<input type="text"/>

**Remarks:** .....

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## For Move Out (to be completed at the time of moving out):

Date :    Time:   
(DD) (MM) (YYYY)

Moving company: