



**THE ENCLAVE**  
AT GALEWOOD CROSSINGS

**Lease Notification Form**

Unit Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Lot #: \_\_\_\_\_

Tenant Name : \_\_\_\_\_

Phone – Home \_\_\_\_\_

Phone – Other \_\_\_\_\_

Email \_\_\_\_\_

List All Occupants: \_\_\_\_\_

1 \_\_\_\_\_ 5 \_\_\_\_\_

2 \_\_\_\_\_ 6 \_\_\_\_\_

3 \_\_\_\_\_ 7 \_\_\_\_\_

4 \_\_\_\_\_ 8 \_\_\_\_\_

Pets? Yes \_\_\_ No \_\_\_ Description: \_\_\_\_\_

If we cannot contact you in case of emergency, who should we call?

Name : \_\_\_\_\_

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

Phone: \_\_\_\_\_

List All Vehicles belonging to the Resident's Unit:

Make	Model	Color	Year	License Plate
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Please enclose the following items:

- Lease Agreement
- Background Check
- Tenant References
- Processing Fee of \$200.00

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_