

ACT Management, Inc.

850 Decatur Avenue North, Suite 2A, Golden Valley, MN 55427-4324

TENANT INFORMATION FORM

CONFIDENTIAL

Tenant's Name: _____

Tenant's Address: _____

Tenant's Home Telephone: (____) _____

Tenant's Work Telephone: (____) _____

Name(s) all Occupants: _____

Term of Lease: _____ Number & Type of Pets: _____

Make, model and license number of each motor vehicle:

| MAKE | MODEL | LICENSE NUMBER |
|------|-------|----------------|
|------|-------|----------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If more room is needed use the back of this sheet

Person to contact in an Emergency:

Name: _____

Address: _____

City, State, Zip: _____

Phone: Home: _____ Work: _____

PLEASE RETURN TO:

ACT Management, Inc.
850 Decatur Avenue North, Suite 2A
Golden Valley, MN 55427