



NEW ENGLAND

PROPERTY AND REAL ESTATE
MANAGEMENT LLC

RESIDENTIAL TENANT CONTACT INFORMATION FORM

Instructions for Completing the Contact Information Form

Please complete this form in full and provide accurate details to ensure we maintain up-to-date records for contact, emergency, vehicle, and pet information.

- If additional space is needed for more residents, vehicles, or pets, feel free to attach another form
- If two individuals share the same information (e.g., mailing address or emergency contact), you may draw an arrow across the row to indicate this.

Thank you for your cooperation.

How to Return the Completed Form

You may return the completed form by either of the following methods:

Mail to:

*New England Property and Real Estate Management LLC
PO BOX 731
Boston, MA 02128*

Email to:

Docs@Neprem.com

Date of completing this form:	Property Name/Address:
Unit Number (You may list multiple unit numbers):	
Name of person filling out this form:	



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General and Emergency Contact Information ----- If person is under the age of 18, list them on Page 3.

Information Subject	Person 1	Person 2	Person 3
Name			
Email			
Phone			
Mailing Address			
Emergency Contact Name			
Emergency Contact Email			
Emergency Contact Phone			
Emergency Contact Relationship			

Vehicle Information

Information Subject	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Make			
Vehicle Model			
Vehicle Year and Color	Year: _____ Color: _____	Year: _____ Color: _____	Year: _____ Color: _____
License Plate State and Number	<input type="checkbox"/> MA <input type="checkbox"/> NH <input type="checkbox"/> RI <input type="checkbox"/> ME <input type="checkbox"/> VT <input type="checkbox"/> CT <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> NJ Other State: _____ Number: _____	<input type="checkbox"/> MA <input type="checkbox"/> NH <input type="checkbox"/> RI <input type="checkbox"/> ME <input type="checkbox"/> VT <input type="checkbox"/> CT <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> NJ Other State: _____ Number: _____	<input type="checkbox"/> MA <input type="checkbox"/> NH <input type="checkbox"/> RI <input type="checkbox"/> ME <input type="checkbox"/> VT <input type="checkbox"/> CT <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> NJ Other State: _____ Number: _____



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Pet Information

Information Subject	Pet 1	Pet 2	Pet 3
Pet Name			
Pet Type: Dog, Cat, ect			
Pet Weight			
Pet Age			
Collar ID			
Vaccination Records			

People under the age of 18:

Do you have any people under the age of 18 living in the unit?

If yes, List the names and ages here:

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