

Traditions
New Resident Survey

Owner: _____ Lessee: _____

Address of Property: _____

Name(s) of Adults Occupying Residence:

Children's Names (Optional): _____

Owned or Leased Vehicles & Tag Numbers:

Vehicle 1 _____	Tag # _____
Vehicle 2 _____	Tag # _____
Vehicle 3 _____	Tag # _____
Vehicle 4 _____	Tag # _____

Number and Kind of Pets: _____

Phone: _____ E-Mail: _____

I understand that Traditions is a Deed- Restricted Community. I have read Traditions Covenants, Restrictions, Rules and Regulations and agree to abide by them.

Signed: _____

Please complete this survey and return prior to closing to: Carol Helton, Association President, 8161 Willow Court, Seminole, FL 33776.