



## SKYLINE PLAZA CONDOMINIUM NEW RESIDENT ORIENTATION TOUR FORM

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

Form submitted to the Welcoming Committee on: \_\_\_\_\_

By: \_\_\_\_\_

New Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Renter: \_\_\_\_\_

Primary language: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Office #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Storage Room #: \_\_\_\_\_ Bin #: \_\_\_\_\_ Garage Level: \_\_\_\_\_ Space #: \_\_\_\_\_

Garage Level: \_\_\_\_\_ Space #: \_\_\_\_\_ Garage Level: \_\_\_\_\_ Space #: \_\_\_\_\_

Tour scheduled for: \_\_\_\_\_ @ \_\_\_\_\_ a.m. / p.m.

Tour completed on \_\_\_\_\_

Tour Guide signature: \_\_\_\_\_