



Village of Hunting Valley NEW RESIDENT FORM

38251 Fairmount Blvd.
Chagrin Falls, Ohio 44022
Ph: 440-247-6106
Fax: 440-247-2110
www.huntingvalley.net
Email: Secretary@HuntingValley.net

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>	DOB:	<input type="text"/>
Address:	<input type="text"/>						
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>				
E-Mail:	<input type="text"/>	Fax No.:	<input type="text"/>				
Spouse's Name:	<input type="text"/>					DOB:	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>				
E-Mail:	<input type="text"/>	Fax No.:	<input type="text"/>				

Employer Information

Employer/Occupation:	<input type="text"/>		
Address:	<input type="text"/>	Phone No.:	<input type="text"/>
Spouse's Employer/Occupation:	<input type="text"/>		
Address:	<input type="text"/>	Phone No.:	<input type="text"/>

Emergency Information

Emergency Contact 1:	<input type="text"/>	Phone No.:	<input type="text"/>
Key Holder:	Yes <input type="radio"/> No <input type="radio"/>		
Emergency Contact 2:	<input type="text"/>	Phone No.:	<input type="text"/>
Key Holder:	Yes <input type="radio"/> No <input type="radio"/>		
Emergency Contact 3:	<input type="text"/>	Phone No.:	<input type="text"/>
Key Holder:	Yes <input type="radio"/> No <input type="radio"/>		

Does Hunting Valley Police Department have your house key? Yes No Key #:

Alarm System: Yes No Company:

Alarm Code (optional):

Vial of Life: Yes No

Village of Hunting Valley

NEW RESIDENT FORM

Children living at residence:

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>

Others living at residence:

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>

Others working at residence:

Name:	<input type="text"/>	Phone No.:	<input type="text"/>
Name:	<input type="text"/>	Phone No.:	<input type="text"/>
Name:	<input type="text"/>	Phone No.:	<input type="text"/>
Name:	<input type="text"/>	Phone No.:	<input type="text"/>

Pets:

Type:	<input type="text"/>	Type:	<input type="text"/>	Type:	<input type="text"/>
-------	----------------------	-------	----------------------	-------	----------------------

Vacation/other residence:

Address:	<input type="text"/>		
Phone No.:	<input type="text"/>	Fax No.:	<input type="text"/>