

# Westgate Square Condominium Association

4-08 Towne Center Drive, North Brunswick, New Jersey 08902 (732) 821-3224

On-site Telephone (908) 757-7015 - Fax 908-757-8832

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## **CENSUS FORM - 2026**

Owner's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #'s: \_\_\_\_\_, \_\_\_\_\_

Billing address if owner does not live in this unit: \_\_\_\_\_

Email address(es): \_\_\_\_\_, \_\_\_\_\_  
PRIMARY SECONDARY

**PRINT YOUR NAME UNDER EMAIL ADDRESS IF OTHER THAN THE OWNER.**

Number of Adults (age 18 and over) living in the unit \_\_\_\_\_

Number of Children living in the unit \_\_\_\_\_ Their Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you rent your home? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please complete below:

Tenant's Name(s): \_\_\_\_\_, \_\_\_\_\_

Tenant's Home Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Tenant's Cell #'s: \_\_\_\_\_, \_\_\_\_\_

Tenant's Email Address(es): \_\_\_\_\_, \_\_\_\_\_

PRIMARY

SECONDARY

Lease Term: \_\_\_\_\_

Do you own a pet? \_\_\_ Yes \_\_\_ No If yes, what type of pet(s) do you own? \_\_\_\_\_

### **VEHICLES:**

Do you own any electric/hybrid vehicles? If Yes, please complete below:

#1-Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ Electric \_\_\_\_\_ Hybrid \_\_\_\_\_

#2-Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ Electric \_\_\_\_\_ Hybrid \_\_\_\_\_

#3-Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ Electric \_\_\_\_\_ Hybrid \_\_\_\_\_

Do you own any gas vehicles? Yes or No (circle one). If Yes, please complete below:

#1-Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

#2-Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

#3-Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

#4-Make \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

In case of an emergency please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Do they have a key to your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

THIS FORM IS TO BE RETURNED VIA E-MAIL, [WESTGATESQUARE@HOTMAIL.COM](mailto:WESTGATESQUARE@HOTMAIL.COM), THE SLOT IN THE ON-SITE OFFICE DOOR, FAX TO 908-757-8832 OR BY MAIL. THE ON-SITE ADDRESS IS WESTGATE SQUARE, 1 WESTGATE DRIVE, EDISON, NJ 08820. Please submit by January 31, 2026.