

_____ CONDOMINIUM ASSOCIATION

Owner/Resident Information Form

Date: _____

Owner(s): _____

Address: _____

*Phone #s: Home: _____ Work: _____ Cell: _____

*E-Mail(s): _____

**In the event of an emergency, it is helpful for owners to be able to contact other owners. Can the Board display your home # (or circle above to specify) and email in a directory distributed to owners? _____ Yes _____ No*

Will you be (or are you) renting your Unit: _____ *If Yes, please list renter information:

Leasee: _____ All Residents: _____

Phone(s): _____ *Date of Lease: _____

Note: Copy of lease must be on file with Board/Management, lease restrictions as per By-Laws & Rules.

Please list all residents of your home: _____

Pets: _____ Car(s): _____ License(s): _____

Emergency: *Contact person who would have access to your home in your absence*

_____ Phone: _____

Home Owners Insurance Info:

Company: _____ Policy # _____ Expiration: _____

Note: Certificate of Insurance may be requested by Board/Management showing proof of coverage.

Other information important to the management of your property: _____

How do you want your name on the Doorbell/Mailbox? _____

Please complete by _____ and return to: _____

Thank you for your cooperation!