

LOCUST HILL CONDOMINIUM ASSOCIATION INFORMATION FORM

(Please print all information)

** Current information must be on file with the Locust Hill property management company at all times **

UNIT #: _____

Owner: _____
Mailing Address (H): _____

Telephone # (H): _____
Telephone # (W): _____
Cell #: _____

Home E-mail: _____

Work E-mail: _____

Emergency Contact: _____

Telephone # (H): _____
Telephone # (W): _____
Cell #: _____

Unit Leased: ____ Yes ____ No Lease Term: ____ Months Expiration Date: _____

Occupant(s): _____
Mailing Address (H): _____

Telephone # (H): _____
Telephone # (W): _____
Cell #: _____

Does your lease require that your tenant(s) read and abide by the Association's Rules and Regulations? ____ Yes ____ No
Have they received a copy of the Rules & Regulations? ____ Yes ____ No

Vehicles Registered to Owner/Occupant:

Make and Model:

1. _____ Plate #: _____ State: _____
2. _____ Plate #: _____ State: _____

Homeowner's (or Renter's) Insurance Company for Unit Interior:

Name: _____
Address: _____
Insurance Agent's Name: _____ Phone #: _____

Pet: ____ Yes ____ No

License: _____

Brief Description of Pet: _____

Hot Water Heater: Replaced: ____ Yes ____ No Date: ____ Model #: _____

Signature(s) of Owner: _____ Date _____

_____ Date _____