

STATISTICAL FORM - CONDOMINIUM

CONDOMINIUM CORPORATION:

ADDRESS: _____

YOUR UNIT NUMBER: _____ Owner Occupied Tenant Occupied

OWNER'S NAME: _____

MAILING ADDRESS: _____

Home Telephone #: _____ Cell. Telephone #: _____

** Emergency Contact #: _____

Email Address: _____

Additional Info: _____

IF THE UNIT IS LEASED

TENANT NAME: _____

CONTACT NAME: _____

Email Address: _____

Home Telephone #: _____ Cell. Telephone #: _____

** Emergency Contact #: _____

Signature of Owner

Print Name:

Signature of Owner

Print Name: