

THE GREGORY CONDOMINIUMS PROPERTY OWNERS REQUIRED INFORMATION

About you

Please help us keep our records current.

My name _____ **Unit #** _____
My address _____
My day phone _____ My night phone _____
My cell phone or pager _____ Keep numbers confidential [] YES [] NO
Email (optional): (work) _____ (home) _____

Residency / Vehicles / Pets

Please tell us whether you reside at your unit by checking one of the following:

- [] I reside at my unit
- [] I do not reside at my unit but instead provide it to family/friends through an informal agreement.
- [] I do not reside at my unit but instead provide it to renters through a formal agreement.

Please note that it is your responsibility to provide the following information, even if you do not reside at your unit.

Names of all people residing at my unit:

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

Vehicles(s) that are regularly parked at my unit:

Car(s) _____
Make Year Make Year

License # _____ License # _____

Cat(s) or dog residing at my unit:

Pet 1: Cat _____ Dog _____ Breed/Color/Markings _____
Pet 2: Cat _____ Dog _____ Breed/Color/Markings _____

Emergency contacts:

If notified of an emergency during office hours (9:00 a.m. to 5:00 p.m., Monday through Friday), CMI will try to reach you or, if you are unavailable, another individual whom you designate as a contact – preferably, a resident of your unit (e.g., a family member, housemate, renter) or someone else with a key and permission to enter.

The primary point of contact for my unit is:

Name _____ Resident [] YES [] NO Has key [] YES [] NO
Day phone _____ Night phone _____
Cell phone or pager _____ Keep numbers confidential [] YES [] NO

The secondary point of contact for my unit is:

Name _____ Resident [] YES [] NO Has key [] YES [] NO
Day phone _____ Night phone _____
Cell phone or pager _____ Keep numbers confidential [] YES [] NO

Signature of verification:

Please sign below to verify the accuracy of the information you have provided.

The Gregory Condominiums Property Owner Name

Date

THANK YOU FOR COMPLETING THIS FORM AND RETURNING IT TO CMI