



Unit Owner Information Form

OWNER CONTACT INFORMATION

Unit Owner Name(s): _____

Address of Condominium Owned: _____

Unit Number(s) Owned: _____

Parking Space # (If Applicable) _____ Storage Bin # (If Applicable) _____

Mailing Address (If you do not live at the Condominium or use a PO Box):

City: _____ State: _____ Zip Code: _____

Telephone #s:

(h) (____) _____ (c) (____) _____

(w) (____) _____ (Fax) (____) _____

Email Address: _____

INVESTOR OWNERS MUST PROVIDE TENANT CONTACT INFORMATION

Tenant #1 Name: _____ Email: _____

Phone: (h) (____) _____ (w) (____) _____ (cell) (____) _____

Tenant #2 Name: _____ Email: _____

Phone: (h) (____) _____ (w) (____) _____ (cell) (____) _____

Tenant #3 Name: _____ Email: _____

Phone: (h) (____) _____ (w) (____) _____ (cell) (____) _____

PLEASE FILL OUT THIS PORTION IF YOU HAVE A UNIT MANAGER OR DESIGNATED PERSON TO HANDLE YOUR REPAIRS/MAINTENANCE

Name of person designated for repairs/maintenance: _____

Telephone #s:

(h) (____) _____ (c) (____) _____

(Office) (____) _____ (Fax) (____) _____

Email Address: _____

Please fill out this form completely and fax it, or mail it to The Foreside Real Estate Management office.

Thank you, Foreside Real Estate Management, Inc.