ANNUAL OWNER PROFILE AS OF 06/30/2026

Clearview Heights / 200 Lambert Terrace, No. 87 / Chicopee, MA 01020

Unit Number

CONFIDENTIAL INFORMATION

To be completed by Unit Owner

Please complete BOTH SIDES of this form and bring it to the Annual Meeting or mail it with your July or August payment. If not received by 08/10/2026, a $25 fine will be imposed.

Owner(s)/Names(s) on your Deed: _____

Is Unit Owner Occupied? Yes □ No □ Telephone: _____ Unlisted? Yes □ No □

Please complete even if your phone number is unlisted

NOTE: If you do not live at Clearview Heights for 12 months of the year, please provide your contact information on the second page.

Do you have a Mortgage? Yes □ No □

If "Yes" Name of Lending Institution for your Mortgage: _____

Required information. If any changes are made to the By-Laws, the Lending Institutions of owners with mortgages must be notified.

Please provide your e-mail address. Our primary communication is via e-mail and our Web Site.
We will only communicate with owners and residents (where appropriate).

Do you have an e-mail address? Yes □ No □

Primary e-mail address: _____

Secondary e-mail address: _____

If providing more than one e-mail address, specify whom they are for. If you change your e-mail address, please let us know.

Full Names of all Residents (Adults and Minors) and Resident Minor's ages if under age 18:

Full Names of Resident Adults		Full Names of Resident Children	Child's Age

List ALL Motor Vehicles of Residents and Visitors on the property 6 or more times a month:

Make, Model **and** Color	Year	Plate Number	Plate State	Resident/Visitor

Pets:

Kind	Breed	Color

Reminder: It is the Owner's responsibility to keep the animal's shots/vaccination and license (if applicable) up to date.

PLEASE COMPLETE THE OTHER SIDE

Emergency contact information (if you wish to provide it).
Strongly recommended in the event of an emergency.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Secondary Emergency contact information (if you wish to provide it).

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

If you do not live at Clearview Heights 12 months of the year, please tell us how you can be contacted.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

If you <u>LEASE</u> your unit, please complete the following information

<u>Renter information:</u>

Date of Lease: _____ Renter's Telephone Number: _____

Renter's e-mail address: _____

<u>Rental Agent's Contact Information:</u>

Rental Agent's Name: _____ Rental Agent's Telephone Number: _____

Rental Agent's e-mail address: _____