

# Vendor Information Form

## Mountain Shadows Condominium Association

Mountain Shadows Address \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Has Property Modification Application been approved for this project? \_\_\_\_\_

The following information must be sent to Associa® Community Management prior to any work commencing.

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Licensed # \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates of work to be performed: \_\_\_\_\_

Description of work being performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is a permit required? \_\_\_\_\_

Vendor Information Form, Certificate of Insurance and copies of permits (if required) should be sent to Associa® Community Management any of the following ways:

Email to: [CNJHelp@associa.us](mailto:CNJHelp@associa.us)

Mail to: Associa® Community Management Corporation of New Jersey

55 Lane Road, Suite 440

Fairfield, NJ 07004