

SPRUCE HILLS CONDOMINIUM ASSOCIATION

UNIT #:

ON-SITE OWNERS INFORMATION

OWNERS NAME: _____

CO-OWNER NAME: _____
Must be listed on Deed or Mortgage

SPOUSE/PARTNER: _____

PRIMARY PHONE: _____*

Alt. Phone - 1: _____

* Spruce Hills Condo Association MUST be able to reach it's owners & tenants from time to time. Please ensure this number will enable us to reach out to you **to the greatest extent possible**.

Alt. Phone - 2: _____

Alt. Phone - 3: _____

email - 1: _____

email - 2: _____

UNIT TYPE:

1 Bedroom

2 Bedroom

3 Bedroom

1 Bedroom w/Den

2 Bedroom w/Den

BATHROOMS

DOES THE UNIT HAVE A GARAGE? YES NO

1 1 ½ 2

DOES THE UNIT HAVE A FIREPLACE? YES NO

<input type="text"/>	<input type="text"/>	<input type="text"/>
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LIST ALL OTHER RESIDENTS THAT WILL BE LIVING IN THE UNIT WHETHER ON A FULL OR PART TIME BASIS .

Exclude the names listed above.

Relationship to Tenant

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

HOW MANY VEHICLES WILL BE PARKED AT THIS UNIT?

List ALL license numbers including frequent overnight guests.

- 1) _____ 2) _____ 3) _____ 4) _____

RESIDENT PET ? YES NO Qty:

DOG(s) CAT(s)

Include frequent visiting pets

Pet's Name(s): _____

Other Explain: _____

DO YOU HAVE A KEY TO THE DOG RUN? YES NO

DO YOU HAVE A KEY TO THE TENNIS COURT? YES NO

Primary Emergency Contact: _____

Phone: _____

Secondary Emergency Contact: _____

Phone: _____

(Preferred but not required)

Signature: _____

Date: _____