LEWISTON TOWNHOUSE CONDOMINIUM ASSOCIATION

HOMEOWNER DATA FORM

Please complete the below Homeowner Data information and attach a copy of the signed Occupancy Rules and the evidence of insurance. Deliver the information to: Lewiston Townhouse Condominium Association, P. O. Box 3095, Estes Park, CO 80517 or email to lewistoncondohoa@gmail.com.

| UNIT#: |
|--|
| Owner Name: |
| Owner Mailing Address: |
| Owner Phone: |
| Owner Email: |
| Emergency Contact: |
| (NOTE: Communication Method will be via electronic form unless US MAIL is requested by owner.) |
| Insurance Agent: |
| Insurance Company: |
| Agent Phone: |
| Liability Limits: |
| Policy Expiration Date: |
| Renter(s) Name: |
| Renter Mailing Address: |
| Renter Phone: |
| Renter Email: |
| |
| Property Management Firm: |
| Contact Name: |
| Phone: |
| Fmail: |