

Vassar Square Condominium Association

Owner Information Form

To better serve the community, it is important that we have current contact and property information. Please take the time to complete this form and return it to csharis@camcomgmt.com as soon as possible. If you are dropping the form off at the on-site office, please put to the Manager's Attention.

PROPERTY INFORMATION

Owner Name 1: _____

Owner Name 2: _____

Unit Address: _____

Preferred Phone Number(s) Owner 1: _____

Preferred Phone Number(s) Owner 2: _____

Email Address Owner 1: _____

Email Address Owner 2: _____

Mailing Address (If different than Unit Address): _____

TENANT INFORMATION (If Applicable)

Tenant Name 1: _____

Phone Number: _____ Email Address: _____

Tenant Name 2: _____

Phone Number: _____ Email Address: _____

Lease Start Date: _____ Lease End Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____