

# 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](mailto: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: \_\_\_\_\_