



Resident/Tenant Information Form

Address: _____ Unit #: _____

Move in Date: _____ This Unit is: Owner Occupied Tenant Occupied

Please list your name(s) and phone number below as you would like them to appear on the intercom system (if applicable). NOTE: Records, mailboxes and intercoms will not be updated without this form.

Name(s) (_____) Phone

You may mail, fax or email the completed form.

The Albert Corporation
10 Harvard Square, Suite #2
Brookline, MA 02445

Fax: 617-277-5079
Email: Greg@albertcorp.com
Phone: 617-277-3355 x. 112

Please complete the following for each resident/tenant. Make sure to include information for all residents, both new and returning.

Name *E-mail*

Home Phone *Cell Phone*

Name *E-mail*

Home Phone *Cell Phone*

Name *E-mail*

Home Phone *Cell Phone*

Name *E-mail*

Home Phone *Cell Phone*

Thank you in advance for your cooperation!

*** As required by Chapter 400, an Act to protect Condominium Residents***

Please return completed form to The Albert Corporation, 10 Harvard Square, Suite #2, Brookline, MA 02445