

**UNIT OWNER INFORMATION FORM**

As required by Chapter 400, an Act to Protect Condominium Residents, please fill out this form:

**OWNER CONTACT INFORMATION**

Unit Owner Name(s): \_\_\_\_\_

Address of Condominium Unit #(s) Owned: \_\_\_\_\_

Parking Space # (If Applicable) \_\_\_\_\_ Storage Bin # (If Applicable) \_\_\_\_\_

Mailing Address (If you do not live at the Condominium or use a PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

(fax) \_\_\_\_\_ Email Address: \_\_\_\_\_

**INVESTOR OWNERS MUST PROVIDE TENANT CONTACT INFORMATION**

**Tenant #1 Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Tenant #2 Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Tenant #3 Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**PLEASE FILL OUT THIS PORTION IF YOU HAVE A UNIT MANAGER OR DESIGNATED PERSON TO HANDLE YOUR REPAIRS/MAINTENANCE**

Name of person designated for repairs/maintenance: \_\_\_\_\_

Office/Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_

Please fill out this form completely, and fax or mail to The Albert Corporation office. You may also email your information to your property manager. Our fax number is 617-277-5079.