

Marlborough Condo Association

REQUIRED UNIT OWNER INFORMATION FORM **Email to marlboroughcondoportland@gmail.com UNIT # _____

Failure to submit this completed form within 30 days of move-in date may result in recurring monthly fine of \$25.00.

OWNER

CO-OWNER

CONTACT INFORMATION	FIRST NAME:	
	LAST NAME:	
	HOME PHONE () _____ - _____	
	CELL PHONE: () _____ - _____	
	WORK PHONE: () _____ - _____	
	EMAIL:	

OTHER OCCUPANTS	NAME	AGE	RELATIONSHIP

PETS	FOR FIRST RESPONDERS IN CASE OF EMERGENCY	
	TYPE: (cat, dog, etc.)	NAME

EMERGENCY	IN CASE OF EMERGENCY, NOTIFY:			
	NAME:	RELATIONSHIP:		
	ADDRESS:	CITY:	STATE:	ZIP:
	HOME PHONE : () _____ - _____ CELL: () _____ - _____ WORK: () _____ - _____			
	Special Assistance Required in Case of Emergency?			
	NAME OF OCCUPANT:			
	REASON FOR ASSISTANCE:			

MAILING	Mailing address where all Association mail should be sent, if different from Unit address:			
	NAME:			
	ADDRESS:	CITY:	STATE:	ZIP:

TENANTS	If unit is rented, please complete the following and submit a TENANT INFORMATION FORM	
	TENANT NAME(S):	
	TENANT PHONE: () _____ - _____	() _____ - _____
TENANT EMAIL:		

OWNER SIGNATURE: _____

CO-OWNER SIGNATURE: _____

DATE: _____

DATE: _____

FOR MCA OFFICE USE ONLY

INSURANCE RIDER ON FILE _____

COMPLIANT LEASE ON FILE _____

MOVE-IN FEE PAID _____

NOTES: