## THE GATEWAY CONDOMINIUM CENSUS FORM

UNIT OWNER INFORMATION	Date:
Unit Number:	
Unit Owner Name(s): as it reads on unit deed	
Mailing Address:	· · · · · · · · · · · · · · · · · · ·
Home Telephone Number:	
Work Telephone Number:	
E-Mail Address:	
Name of all Unit Occupants:	
Name:	
Name:	
Name:	
Nearest Person Having Emergency Acc	cess to your Unit : (This is very important)
Name:	
Telephone Number:	
TENANT INFORMATION: If this unit is re information for all the occupants, along	ented, unit owner <u>must</u> provide the following g with a copy of the lease.
Tenant's Name(s):	
Home & Work #'s:	
	ON: Please provide information about your car if you are ease obtain Vehicle information from your tenant:
License Plate #:	License Plate #:
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The above information will be kept strictly confidential. This information is a requirement of the Condominium Documents. Please assist us by returning this completed form promptly to:

The Gateway Condominium Trust c/o E.P. Management Corp. 7 Tozer Road Beverly, MA 01915