MORTGAGE AND TENANT INFORMATION REQUIRED PURSUANT TO CHAPTER 400 OF THE ACTS OF 1992

(Unit Owners) Name(s): Date of Closing:					
Name of Condominium Association:				The Arb	ors Condominium
Owner's Mailing Address City/State/Zip:					
(FIRST MORTGAGEE)					
Your Bank/Lenders Name:					
Mailing Address:					
City/State/Zip:					
Loan or Account Number:					
(SECOND MORTGAGEE)					
Your Bank/Lenders Name:					
Mailing Address:					
City/State/Zip:					
Loan or Account Number:					
(ANY OTHER MORTGAGEE)					
Your Bank/Lenders Name:					
Mailing Address:					
City/State/Zip:					
Loan or Account Number:					
INVESTOR UNIT OWNERS INFORMATION:	MUST	ALSO	PROVIDE	THE	FOLLOWING
Your Tenant Name(s):					

IS THERE AN ADDITIONAL INDIVIDUAL WITH AUTHORITY TO APPROVE EMERGENCY MAINTENANCE AND/OR REPAIR TO YOUR UNIT? IF SO, PLEASE SUPPLY THE FOLLOWING INFORMATION:

Name:
Mailing Address:
City/State/Zip:
Telephone Number:

Please return this completed form to E.P. Management Corp., 7 Tozer Road, Beverly, MA 01915