

WINDEMERE AT CHELMSFORD CONDOMINIUM CENSUS FORM

Please complete the following information so that we may update the Condominium's Records.

Unit Address: _____ Date: _____

Unit Owner Name(s): _____

Primary Mail Address: _____

Second Home Address: _____

Home Phone #: _____ Second Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Email Address(s): _____

NAMES AND AGES OF ALL UNIT OCCUPANTS: (You must register all residents living at Windemere at Chelmsford)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

NEAREST PERSON HAVING EMERGENCY ACCESS TO YOUR UNIT:

Name: _____ Home #: _____

Does your emergency contact have a key to your unit? _____ Cell #: _____

Email: _____ Relationship: _____

TENANT INFORMATION (If unit is rented):

Unit is occupied by how many Tenants?: _____ Lease expires on what date?: _____

Tenant Name: _____ Age: _____ Tenant Name: _____ Age: _____

Home Phone #: _____ Cell Phone #: _____

Email Address(s): _____

RESIDENT VEHICLE REGISTRATION INFORMATION (Owner / Tenant / or Occupant):

(You must register all vehicles parked at Windemere)

1) Year/Make/Model: _____ Color: _____ License Plate # _____

2) Year/Make/Model: _____ Color: _____ License Plate # _____

3) Year/Make/Model: _____ Color: _____ License Plate # _____

PET REGISTRATION INFORMATION (Owner or Tenant):

1) Dog(s)—Number: _____ Breed: _____ Weight: _____ Pet Name: _____

Licensed?: Yes No Vaccinated?: Yes No Registered with Windemere?: Yes No

2) Cat(s)—Number: _____ Breed: _____ Pet Name: _____

Licensed?: Yes No Vaccinated?: Yes No Registered with Windemere?: Yes No

3) Other animals? _____