

**LINDEN CONDOMINIUM UNIT OWNERS ASSOCIATION  
UNIT OWNER'S DATA SHEET**

PLEASE COMPLETE THIS FORM AND RETURN TO THE MANAGEMENT COMPANY AT  
CARDINAL MANAGEMENT GROUP, 3704 GOLF TRAIL LANE, FAIRFAX, VA 22033

EMAIL: [k.sherman@cardinalmanagementgroup.com](mailto:k.sherman@cardinalmanagementgroup.com)

UNIT ADDRESS: \_\_\_\_\_

OWNER 1	_____	PHONE	_____	EMAIL	_____
OWNER 2	_____	PHONE	_____	EMAIL	_____
TENANT 1	_____	PHONE	_____	EMAIL	_____
TENANT 2	_____	PHONE	_____	EMAIL	_____

**IF YOU ARE A NON-RESIDENT OWNER AND HAVE HIRED A PROPERTY MANAGEMENT FIRM TO HANDLE YOUR UNIT PLEASE PROVIDE THE FOLLOWING INFORMATION:**

PROPERTY MANAGEMENT FIRM \_\_\_\_\_  
PROPERTY MANAGEMENT ADDRESS \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
MAILING ADDRESS FOR ASSOCIATION NOTIFICATIONS \_\_\_\_\_

**IF YOU ARE AWAY AND AN EMERGERGENCY OCCURS IN YOUR UNIT, WHOM SHOULD WE NOTIFY?**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

**WHO ELSE HAS A KEY TO YOUR UNIT?**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

**MOTOR VEHICLES BELONGING TO RESIDENTS OF THIS UNIT:**

	YEAR	MAKE	MODEL	COLOR	STATE	LICENSE #
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

**PERSONAL INSURANCE POLICY COVERING THE CONTENTS OF YOUR UNIT IS WITH:**

COMPANY NAME \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_