

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

**PLEASE COMPLETE THIS FORM AND RETURN TO THE MANAGEMENT COMPANY AT
CARDINAL MANAGEMENT COMPANY
ADDRESS
CITY STATE ZIP
PHONE**

OWNER _____ HOME PHONE _____ WORK PHONE _____
CO-OWNER _____ HOME PHONE _____ WORK PHONE _____
UNIT ADDRESS _____ LOT OR ACCOUNT # _____
TENANT #1 _____ HOME PHONE _____ WORK PHONE _____
TENANT #2 _____ HOME PHONE _____ WORK PHONE _____

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'S NAME: _____
PROPERTY MANAGEMENT FIRM'S ADDRESS _____
PHONE NUMBER: _____ CONTACT NAME _____

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

NAME _____ HOME PHONE _____ WORK PHONE _____
ADDRESS _____ RELATIONSHIP _____

WHO ELSE HAS A KEY TO YOUR UNIT?

NAME _____ HOME PHONE _____ WORK PHONE _____
ADDRESS _____ RELATIONSHIP _____

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 _____
AGENT NAME _____ PHONE NUMBER _____