

Brockington Square Condominium Association
Census Form rev2

Unit Owner:

Unit Number: _____ Owner Occupied: _____ Tenant Occupied: _____

Full Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address _____

Point of Contact (if different from owner): _____

Relationship: _____ Phone: _____

I would like to receive official notices from the Association via:

E-mail _____ First Class mail USPS _____ Both _____

Occupants: (all occupants MUST be listed regardless of age)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

(Use back of this form for additional space if needed)

Insurance:

Insurance Company: _____ Policy #: _____

Insurance Agent: _____ Agent's Phone: _____

As outlined in our condominium documents, a copy of the policy (or declarations page) must be on file with association.

Please attach copies to this form and return when mailing or emailing.

This form has been completed by the undersigned and all information contained herein is truthful and accurate.

Name (print) Signature Date

FOR LEASED UNITS, A CURRENT COPY OF YOUR EXECUTED LEASE MUST BE ON FILE WITH OUR OFFICE!

Please attach a copy of the current lease.

Complete all information. Attach a copy of Homeowners Insurance, and lease (for those with rental permits), and return to:

Market South Management • 1901 Bull Street • Savannah, Ga • 31401 email: debra@msmsavannah.com

Failure to complete this form and provide accurate information could result in a fine from the Association. If you move or have any information changes, please update the management company at the address above or call 912-238-0875.