## **OVERLOOK CONDOMINIUM**

## ALL INFORMATION IS CONFIDENTIAL - FOR OFFICE USE ONLY

Return form to: Overlook Condominium P.O. Box 67 Jefferson, MD 21755

## MUST BE COMPLETED AND MAILED BACK BY JANUARY 30<sup>TH</sup>

MUST BE COMPL	ETED EVERY YEAR	– EVEN IF INFO	RMATION	HAS NOT CHANGED		
Owner Lives on Property Owner's 2 <sup>nd</sup> Home Owner is an Investor I have a tenant in the unit * (Please attach copy of lease and complete this form) I also have a management company ** (Please fill out appropriate information below)						
HOMEOWNER(S) INFORMATION						
Unit Address:						
Name(s):				(Please list all owners)		
Billing Name:				(Only if Applicable)		
Billing Address (If different	ent from Unit Address): _					
Phone Number:		Email:				
Phone Number:		Email:				
Emergency Contact Nan	ne:	Emergency C	Contact Phone #	t:		
	*TENANT IN	FORMATION (If App	olicable)			
Name(s):						
Main Contact Number				(Please list all Tenants)		
Main Contact Number: Lease Begin Date:						
Lease begin bate.	**PROPERTY MANA					
Company						
	VEH	ICLE INFORMATION				
Year: Make:	Model:	Color:	Tag #:	State:		
Year:Make:	Model:	Color:	Tag #:	State:		
PET	INFORMATION (Pet we	eight not to exceed 30	lbs. each, per	By-Laws)		
Type: Cat/Dog/Other	Breed:	Color:		Weight:		
Type: Cat/Dog/Other	Breed:	Color:		Weight:		
	HOMEOWN	NER ACKNOWLEDGE	MENT			
• •		•		the actions of our tenants, orm them of <b>all</b> the Rules		

and Regulations, and to ensure that all aspects of the Lease, rental agreement or any subsequent renewal with them conforms in all ways with the governing documents for this association.

Signed:	Date:	