

Ledgemere Country Condominium

*C/o FirstService Residential
3000 Davenport Avenue Suite 201, Canton, MA 02021
Phone 617-221-1000 Fax 617-479-8819*

All information provided will be kept confidential and will be used for Association business only.

Unit Owner Information

Owner Name: _____

Unit Address: _____

Mailing Address (if off site): _____

Primary Contact Phone: _____ Secondary Contact Phone: _____

Email: _____

Tenant Information

Tenant Name: _____ Email: _____

Primary Contact Phone: _____ Secondary Contact Phone: _____

Lease start date: _____ Lease end date: _____

A copy of the lease should be provided for the file.

Vehicle Information

License Plate #: _____ License Plate #: _____

Year/Make/Model: _____ Year/Make/Model: _____

Color: _____ Color: _____

In the event of your absence, who can we contact?

Name: _____

Primary Contact Phone: _____ Secondary Contact Phone: _____

Relationship: _____

Would this person be authorized to approve repairs/maintenance requests in your unit, if needed?
 Yes No

In the event that entry is required, do you own any pets? Yes No

Pet's Name: _____

Cat Dog Other Friendly Not Friendly Indoor pet Outdoor pet

If you have a security alarm, please provide the following information:

Name of Alarm Company: _____ Phone #: _____

If you have additional information to provide, please check here _____ and write on the back of this form.

Thank you.