

CONDOMINIUM ASSOCIATION

Owner Information:

Name: _____

Address: _____

Phone Number: _____ Alt Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Owner Occupied: Yes No

Tenant Name(s) if Applicable: _____

Tenant Phone Number if Applicable: _____

(Include a copy of the lease if the unit is a rental property.)

**Please return to:
Association Advisors
100 Market Yard
Freehold, NJ 07728
Fax: 732-294-8884**