AIKEN STREET FLATS
INFORMATION FORM

(Please Print All Information)

UNIT #: _____

Owner 1: _____ Telephone #1 (C): _____
Owner 2: _____ Telephone #2 (C): _____

Mailing Address: _____
_____ Telephone # (H): _____

Pursuant to 27A V.S.A § 3-121(a), I/We being all of the unit owner(s) designate the following email address(es) as an acceptable method of providing notice from the Association to the above unit until further notice.

Yes ☐ **No** ☐

E-mail Address (Primary): _____
E-mail Address (Secondary): _____

Emergency Contact: _____ Telephone # (C): _____
Telephone # (H): _____

Is there insurance coverage for the dwelling/interior of the Unit? **Yes** ☐ **No** ☐

Company: _____ Agent's Name: _____
Phone #: _____ Policy # _____

Vehicle(s) Registered to Owner:

	Make	Model	Color	Plate	State	Year
1.						
2.						

Are there any pets residing within unit? **Yes** ☐ **No** ☐
** Cats and Dogs in South Burlington need to be registered with the City.**

License #: _____ Name:: _____ Breed: _____ Cat ☐ Dog ☐

License #: _____ Name:: _____ Breed: _____ Cat ☐ Dog ☐

Signature (s) of Owner(s): _____ Date: _____

_____ Date: _____

RENTAL INFORMATION

Is your Unit Leased? Yes ☐ No ☐

If Yes: Lease Term: _____ Expiration Date: _____

PLEASE PROVIDE A COPY OF YOUR LEASE TO APPLETREE BAY PROPERTY MANAGEMENT

Occupant (s) _____

Tenant Mailing Address: _____

City: _____ State: _____ Zip: _____

Tenant 1Telephone # (H) _____ Tenant 2 Telephone # (H) _____

Tenant 1 Telephone # (C) _____ Tenant 2 Telephone # (C) _____

Tenant 1 Telephone # (W) _____ Tenant 2 Telephone # (W) _____

Tenant 1 Email: _____ Tenant 2 Email: _____

Does your unit have a Rental Manager? Yes ☐ No ☐

If Yes: Manager Name: _____

Manager Phone: _____

Manager Email: _____

Has a copy of the Associations' Bylaws been supplied to your tenant(s) Yes ☐ No ☐

Does your lease require your tenant(s) read and abide by the Associations' Rules? Yes ☐ No ☐

Does your tenant have renter's insurance? Yes ☐ No ☐

Please email Appletree Bay Property Management the declarations page to their policy

Company: _____ Agent's Name: _____

Phone #: _____ Policy #: _____

TENANT'S VEHICLE INFORMATION

	Make	Model	Color	Plate	State	Year
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____