

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
1. How long has the unit been leased?		
2. What is the lease term?		
3. What is the lease rate?		
4. What is the lease type?		
5. What is the lease status?		
6. What is the lease description?		
7. What is the lease location?		
8. What is the lease contact?		
9. What is the lease date?		
10. What is the lease expiration?		
11. What is the lease renewal?		
12. What is the lease termination?		
13. What is the lease assignment?		
14. What is the lease sublease?		
15. What is the lease modification?		
16. What is the lease amendment?		
17. What is the lease termination notice?		
18. What is the lease termination date?		
19. What is the lease termination reason?		
20. What is the lease termination status?		

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 1 Telephone # (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
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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
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