HILLSIDE AT O'BRIEN FARM INFORMATION FORM

(Please Print All Information)

		UNIT #:			
Owner(s):		Telephor	ne # (C):		
Mailing Address:		 Telephor	ne # (C):		
			ne # (H):		
ursuant to 27A V.S.A § 3-1 Idress(es) as an acceptable rther notice.			_		
inther Hotice.	Yes	No			
E-mail Address (Primar					
E-mail Address (Secon	dary):				
mergency Contact:		Telephone # (C):			
		Telephone # (H):			
there insurance coverage	for the dwelling/inter	ior of the Unit?	Yes	No	
Company:		Agent's Name: _			
Phone #:		Policy #			
ehicle(s) Registered to Own	er:				
·	Plate #:	State:			
	Plate #:	State:			
Are there any pets residing within unit?			Yes	No	
icense #:	Brief Description	า:			
anature (a) of Owner(a):			Data		
gnature (s) of Owner(s):			Date:		
			Date:		

RENTAL INFORMATION

Is your Unit Leased?	Yes	No			
If Yes: Lease Term:		Expiration Date:			į
PLEASE PROVIDE A C	OPY OF YOUR LEASE	E TO APPLETREE BAY PROPER	TY MANAG	SEMENT	
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 Renta	al Manager? Yes	No			
If Yes: Manager Name:					
Manager Phone:					
Manager Email:					
Has a copy of the Association	ons' Rules been supplie	ed to your tenant(s)	Yes	N	lo
Does your lease require your tenant(s) read and abide by the Associations' Rules?				N	lo
Does your tenant have rente	er's insurance?		Yes	N	lo
Company:		Agent's Name:			
Phone #:		Policy #:			
TENANT'S VEHICLE INFOR	RMATION				
Make M	lodel	License Plate/State		Year	
Make M	lodel	License Plate/State		Year	