

UNIT OWNER INFORMATION FORM

As required by Chapter 400, an Act to Protect Condominium Residents, please complete this form:

OWNER CONTACT INFORMATION

Unit Owner Name(s): _____

Address of Condominium Unit #(s) Owned: _____

Parking Space # (If Applicable) _____ Storage Bin # (If Applicable) _____ Date of Purchase _____

Mailing Address (If you do not live at the Condominium or use a PO Box): _____

City: _____ State: _____ Zip: _____

Telephone #: (h) _____ (w) _____ (cell) _____

(fax) _____ Email Address: _____

INVESTOR OWNERS MUST PROVIDE TENANT CONTACT INFORMATION

Tenant Move-in Date _____ Lease Expiration Date _____

Tenant #1 Name: _____ Email _____

Phone: (H) _____ (W) _____ (C) _____

Tenant #2 Name: _____ Email _____

Phone: (H) _____ (W) _____ (C) _____

Tenant #3 Name: _____ Email _____

Phone: (H) _____ (W) _____ (C) _____

PLEASE FILL OUT THIS PORTION IF YOU HAVE A UNIT MANAGER OR DESIGNATED PERSON TO HANDLE YOUR REPAIRS/MAINTENANCE

Name of person designated for repairs/maintenance: _____

Office/Home: _____ Cell: _____ Fax: _____

Email: _____ Other Contact Info: _____

Please fill out this form completely, and fax or mail to The Albert Corporation office. You may also email your information to your property manager. Our fax number is 617-277-5079.

OFFICE USE ONLY

Date Received _____

DT Welcome Email Fee

Intercom Mailbox