

THE LOFTS AT WESTINGHOUSE CONDOMINIUM ASSOCIATION
UNIT OWNER INFORMATION FORM

1. Unit Ownership:

Unit # _____ Unit Address: _____
Name of Unit Owner(s): _____
Address: _____ City/State?Zip _____
Day Tel #: _____ Day Tel # _____
Home Tel # _____ Home Tel # _____
Cell Tel #: _____ Cell Tel # _____
Email address: _____ Email address: _____

All occupants of unit:

Name: _____ Day Tel # _____ Cell # _____ Home # _____
Name: _____ Day Tel # _____ Cell # _____ Home # _____

Date of Purchase: _____

Owner-occupied: _____ (yes or no)

Is your unit alarmed? _____ If yes, name, telephone #, etc. of alarm company:

IN CASE OF EMERGENCY Contact Information: Name, address, and telephone #s:

2. Parking: Do you own a garage Parking Space? _____ Space # _____

If yes, please complete the following:

Auto Make/Model _____ Color _____ YR _____ Reg# _____ State _____
Auto Make/Model _____ Color _____ YR _____ Reg# _____ State _____

3. Leased Unit Information. If unit is leased, please complete the following:

Name(s) of Lessee/all occupants: _____

Day, evening & cell telephone #s for all occupants

Name, address and telephone number of the person(s) responsible for management, repair and maintenance of the unit (telephone #s must cover 24-hour a day period in case of an emergency): _____

Return completed form to:

Jim Sisk, R Brown Partners, 39 Brighton Avenue, Boston 02134
Telephone: 617-782-3400 FAX: 617-782-1151
Email: jsisk@r-brownpartners.com