



New Owner Information Parkwood Village Condominium Association

The Parkwood Village condo documents require that you provide us with the information that is being requested on this form. We will be respectful of your privacy. The Association Meeting Minutes and Agenda, the Association Newsletter, requests for information, and general correspondence are sent via email but can also be mailed as necessary.

If you do not reside in your unit and have a Tenant, please provide us with the same information about the Tenant on the Tenant Information Form included.

Today's Date: _____

UNIT OWNER INFORMATION

| | | | |
|--|----------------|-----------|-----------|
| Owner(s) Named on the Mortgage: | 1. | | |
| | 2. | | |
| Complete Address of Unit: | | | |
| Do You Reside in Your Unit: | Yes | No | Part Time |
| If No , Provide Home/Mailing Address: | | | |
| Home Phone: | 1. Work Ph. # | 1. Cell # | |
| Second name on mortgage info: | 2. Work Ph. #: | 2: Cell # | |
| Email #1 | | | |
| Email #2 | | | |

UNIT RESIDENT INFORMATION

| | |
|--|---------------|
| List the names of all the residents who live in your unit and their relationship to you: | |
| 1. | Relationship: |
| 2. | Relationship: |
| 3. | Relationship: |
| 4. | Relationship: |

PET INFORMATION

| | |
|--|-----------------|
| List the type/breed of pet (dog, cat, bird, etc.) the number of pets, and their names: | |
| Number of Pets in Your Household: | |
| Type/Breed of Pet #1: | Name of Pet #1: |
| | |
| Type/Breed of Pet #2 | Name of Pet #2: |
| | |

EMERGENCY CONTACT INFORMATION

| |
|---------------|
| Name: |
| Phone Number: |
| Relationship: |

CONTACT PREFERRED BY (check one or both)

| | |
|-------------|-------------|
| Phone _____ | Email _____ |
|-------------|-------------|

AUTOMOBILE INFORMATION

| Vehicle #1 |
|-----------------|
| Make: |
| Model: |
| Color: |
| License Number: |

| Vehicle #2 |
|-----------------|
| Make: |
| Model: |
| Color: |
| License Number: |

| Vehicle #3 |
|-----------------|
| Make: |
| Model: |
| Color: |
| License Number: |

PARKING PERMIT INFORMATION:

| | |
|--|---------|
| Please tell us the parking tag number(s) you were given by the seller. Let us know if you were not provided with parking tags. | Tag #1: |
| | Tag #2: |

LENDER AND INSURANCE INFORMATION

| |
|---|
| Name of the company you pay your mortgage to: |
| |
| Insurance company covering your unit: |
| |
| Your insurance agent's name: |
| |
| Your insurance agent's phone number: |
| |
| Your insurance agent's email address: |
| |

Signature: _____

Signature: _____