

CHATEAU WOOD CONDOMINIUM ASSOCIATION, INC.**C/O WESTFORD REAL ESTATE MANAGEMENT, LLC**

348 Hartford Turnpike, Suite 200, Vernon, CT 06066

Tel: (860) 528-2885 Fax: (860) 528-2989

www.westfordmgt.com**Owner Census****Date:**

UNIT ADDRESS:	
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	Full Name	Telephone #1 (Cell)	Telephone #2 (Landline)	Email
Owner #1				
Owner #2				
Lgl.Entity				

Mailing Address: (if different than unit address)	
Alternative Mailing Address: (2 nd owner)	

Please list all additional residents, including children:**(If leased, list tenants on page 2)**

Adult? (Circle one)	Full Name	Date of Birth (if under 21)
YES / NO		
YES / NO		
YES / NO		
YES / NO		

List Animals:**NO DOGS permitted without verified medical need.**

Pet, Service, ESA?	Type (cat, etc.) / Breed	Name	Size	Color	License #

Vehicle Information: List any vehicle that may park in your assigned space(s).

Year	Make	Model	Color	State	Plate #	Parking Space #(s)

Other UNIT SPECIFIC: (if applicable)

	#1	#2	#3
Storage Bin Number			
Other HOA Specific item			

ALL FIELDS:**ADDITIONAL INFORMATION MAY BE SUBMITTED ON SEPARATE SHEET****In Case of Emergency Contact:**

Full Name	Telephone (Cell)	Telephone (Land)	Email	Relationship

*Westford will use its best efforts to reach your emergency contact when possible,
but cannot guarantee it will do so in all circumstances*

IF YOUR UNIT IS RENTED, PLEASE ALSO COMPLETE THE SECOND PAGE.

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www.westfordmgt.com**Tenant (Lessee) Census****Date:**

This information must be updated annually, as requested by the Board of Directors and/or anytime there are changes. If rented, both Unit Owner & Lessee information is required.

UNIT ADDRESS:	
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LEASE TERM:

Initial Start Date		Expiration Date	
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Lease extensions must be updated with management.

Lessee (Tenant) Information:

	Full Name	Telephone #1 cell phone	Telephone #2 Landline	Email
Tenant 1				
Tenant 2				
Tenant 3				

Please list all other residents, including children:

Adult? Circle one	Full Name	Date of Birth (if under 21)
YES/NO		
YES/NO		
YES/NO		

List Animals:**Note: NO DOGS without verified medical need.**

Pet, Service, ESA?	Type (Cat, etc.) / Breed	Name	Size	Color	License #

Vehicle Information:

(List any vehicle that may park in your assigned space(s).)

Year	Make	Model	Color	State	Plate #		Parking Space #(s)

ALL FIELDS:**ADDITIONAL INFORMATION MAY BE SUBMITTED ON SEPARATE SHEET****In Case of Emergency Contact:**

Full Name	Telephone #1 (Cell)	Telephone #2 (Land)	Email	Relationship

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