

# INDIAN BROOK CONDOMINIUM

## Owner/Tenant Information Form

Please fill out the following information and return it to *Salisbury Management, Inc., 120 Shrewsbury Street, Boylston, MA 01505.* This information is needed to update our files for general or emergency situations. Your cooperation will be greatly appreciated.

ADDRESS OF UNIT & UNIT #: \_\_\_\_\_ **DATE:** \_\_\_\_\_

OWNER'S ADDRESS (IF DIFFERENT): \_\_\_\_\_

OWNER'S NAME(S): (1) \_\_\_\_\_  
(2) \_\_\_\_\_

TELEPHONE NUMBER: (1) Home \_\_\_\_\_ Work \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(2) Home \_\_\_\_\_ Work \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(3) Cell \_\_\_\_\_

LIST ALL OTHER PERSON(S) RESIDING IN UNIT:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_

VEHICLE (IF OWNER OCCUPIED) (1) MAKE: \_\_\_\_\_ (2) MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_ MODEL: \_\_\_\_\_  
PLATE NUMBER: \_\_\_\_\_ PLATE NUMBER: \_\_\_\_\_

BOAT MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT (OTHER THEN SELF): \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

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**IF UNIT IS RENTED, PLEASE PROVIDE THE FOLLOWING INFORMATION.  
ALSO PLEASE FORWARD A COPY OF LEASE TO SALISBURY MANAGEMENT, INC.**

PLEASE LIST ALL PERSONS LISTED ON LEASE:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

WORK TELEPHONE NUMBER: (1) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(2) \_\_\_\_\_

VEHICLE (1) MAKE: \_\_\_\_\_ (2) MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_ MODEL: \_\_\_\_\_  
PLATE NUMBER: \_\_\_\_\_ PLATE NUMBER: \_\_\_\_\_

DATE OF LEASE: \_\_\_\_\_ TERM OF LEASE: \_\_\_\_\_