

Stony Hill Village Condominium Association, Inc.

P. O. Box 275 □ Georgetown, CT 06829 □ (203) 938-3172

Date: _____

Unit #: _____

Unit Owner: Name(s): _____

Phone #: () _____ (Home/Night)

Phone #: () _____ (Work/Day)

Mailing Address: Street: _____

(If different) City: _____ State: _____ Zip: _____

E-Mail Address: _____

Tenant Inf.: Name(s): _____

Phone #: () _____ (Home/Night)

Phone #: () _____ (Work/Day)

Emergency: In the event of an emergency, please notify:

Name: _____

Phone #: () _____ (Work/Day)

Unit Occupancy: List below persons living at this location and give relationship:

| Name | Relationship | Adult/Child |
|------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Motor Vehicle Registration: List all vehicles of resident(s) that are owned and parked at Stony Hill Village.

| License Plate # (State) | Make | Model | Year | Color |
|-------------------------|------|-------|------|-------|
| | | | | |
| | | | | |
| | | | | |

Pet:

| Name | Type/Breed | Color/Description | Licensed (Y/N) |
|------|------------|-------------------|----------------|
| | | | |

Mortgage Company:

Name: _____

Address: _____

Loan #: _____