

Sugarloaf Condominium Association

c/o Kendrick Property Management /PO Box 3220 Amherst, MA 01004

413-253-0285 / 413-253-2383 Fax

kpm@kendrickmanagement.com

Please fill out and return to Kendrick Property Management

ASSOCIATION REGISTRATION FORM / INFORMATION FACT SHEET

Unit Number _____ Street Name _____

Owner's Name(s) _____

List All Occupant(s) _____

Owner's Mailing Address _____

Owner's Home Phone _____ Work # _____ Mobile # _____

Owner's Email Address _____

Owner's Emergency Contact Person and Telephone Number _____

Monthly Invoice: _____ Not Needed _____ Mail _____ Email.

TENANT\RESIDENT INFORMATION *(if applicable)* -[provide a copy of the lease along with this form]

Tenant\Resident Name(s) _____

Tenant's Home Phone _____ Work # _____ Mobile # _____

Tenant's Email Address _____

PET INFORMATION (1 dog &\or 2 indoor cats)

Cat _____ Breed _____ Color _____ lbs. _____

Dog _____ Breed _____ Color _____ lbs. _____ Town Reg. # _____

*For all dogs: provide a copy of license and rabies certificate along with this form

VEHICLE INFORMATION [for owner-occupants or tenants]

1. Vehicle Model _____ Make _____ Year _____

Color _____ Plate # _____ State _____

2. Vehicle Model _____ Make _____ Year _____

Color _____ Plate # _____ State _____