

SALEM PLACE CONDOMINIUM TRUST

UNIT DEMOGRAPHIC FOR INSURANCE COMPLIANCE

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

Unit # : \_\_\_\_\_

Owned by: \_\_\_\_\_

Managed by(if applicable): \_\_\_\_\_.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Demographic: \_\_\_\_\_ Owner Occupied \_\_\_\_\_ Undergrad Student \_\_\_\_\_ Graduate Student  
\_\_\_\_\_ Doctorate Student \_\_\_\_\_ Family Member \_\_\_\_\_ Working Professional/Adult  
\_\_\_\_\_ Other

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\_\_\_\_\_ Other

Lease Dates if investment unit: \_\_\_\_\_  
(start and end dates)

Date Completed: \_\_\_\_\_