

College Oaks Condominium Association Inc.

Unit #: _____

Owner: _____

Owner Occupied Leased Vacation Property (Owner Occupied Part Time)

Contact Info:

Phone #: _____ Home Phone Cell Phone 2nd Phone #: _____ Home Phone Cell Phone

Mailing Address: _____

Email(s): _____

Preferred Method of Communication: US Postal Service Email

Vehicle(s) Info:

Make: _____ Model: _____ Color: _____ Tag#: _____

Make: _____ Model: _____ Color: _____ Tag#: _____

If Leasing The Unit, Please Fill Out This Section:

Is This Unit Owner Managed? Owner Managed Management Company/Agent

Management Company/Agent: _____

Management Company/Agent Phone Number: _____

Management Person Agent Contact: _____

Leases' Name: _____

Emergency Contact #: _____

Vehicle(s) Info:

Make: _____ Model: _____ Color: _____ Tag#: _____

Make: _____ Model: _____ Color: _____ Tag#: _____

Date Lease Begins: _____ Date Lease Ends: _____

Leases' Received a copy of the Association Docs & Rules/or had the opportunity to read them? They are available to review and/or print on the College Oaks official website: www.collegeoakscondos.com

Yes No

Owner/Agent's Signature

Date