

The Cape Condominium Association
Co-Owner Information Sheet

(1) Co-Owner Information

Name(s): _____
Address/Unit # _____
Home Phone: _____
Work Phone: _____
Cell/Other: _____
Email: _____
Mailing Address _____

Email: _____

Insurance: **Company:** _____
 Phone: _____
 Policy #: _____

Vehicle 1: Make _____ Model _____ Plate # _____

Vehicle 2: Make _____ Model _____ Plate# _____

Does the Co-owner reside (or plan to reside) in the Unit? Yes No

If the Co-owner does not reside (or plan to reside) in the Unit,
is/will the Unit be occupied by someone else? Yes No

If the Unit is not going to be occupied by the Owner,
please fill out the Occupant's information below:

Is/will the above Occupant be paying rent to the Owner? Yes No

(3) Owner's Emergency Contact Information:

(or Occupant's, if not Owner-occupied):

Name(s): _____
Telephone: _____
Relationship: _____
