

LIBERTY SQUARE CONDOMINIUM ASSOCIATION

CO-OWNER INFORMATION SHEET

Please print legibly

If all information is not filled and/or not correct, fines can be issued.

Address: _____ (Number) (Street)
Co-Owner Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Co-Owner Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

MAILING ADDRESS

(If you live off-site, or wish correspondence sent to an address other than the address above)

Mailing Address: _____
City: _____ State: _____ Zip: _____

VEHICLE INFORMATION

Vehicle 1: _____ Plate #: _____ (Make) (Model) (Color)
Vehicle 2: _____ Plate #: _____ (Make) (Model) (Color)
Vehicle 3: _____ Plate #: _____ (Make) (Model) (Color)
Vehicle 4: _____ Plate #: _____ (Make) (Model) (Color)

HOME INSURANCE

Company Name: _____ **Phone:** _____

Policy Number: _____

LEASING INFORMATION (If Applicable)

NOTE: If you are currently leasing (or intending to lease) your condominium unit, you must comply with all pertinent procedures, policies, and rules & regulations as explained in the Master Deed & Bylaws of your Association. Also, **YOU MUST ATTACH A COPY OF THE LEASE TO THIS FORM.**

Violation fees will be issued for non-compliance.

Name of Renter: _____

Renter Phone #: _____ **Renter Email:** _____

of Residents Living in Leased Unit: _____

Length of Lease: _____ **From:** _____ **To:** _____
(Date/Month/Year) (Date/Month/Year)

PET INFORMATION (If Applicable)

BY-LAWS STATE THAT ONE PET IS ALLOWED

Pet Name: _____ **Kind / Breed:** _____

Pet Age: _____ **Description:** _____

Color: _____ **Weight:** _____

Gender: _____ **Neutered/Spayed:** _____ **License #:** _____

A photograph of your pet is helpful with this registration for purposes of identification.

All dogs must be leashed, and under the complete control of a responsible handler at all times whenever in a limited common area or master common areas. No tethering to a stake.

The immediate cleanup of pet waste is required, and must be bagged and disposed of in compliance with City ordinances for health and safety.

The owner acknowledges and agrees to comply with the rules as outlined in the Condominium By-laws.

It is further understood and agreed that failure to comply with these rules can result in penalties up to and including fines and the removal of the pet within the Condominium Community.

OWNER'S EMERGENCY CONTACT INFORMATION

Or Occupant's – if not Owner occupied

In the event that we cannot reach you if an emergency occurs at your unit, please provide us with a contact who has a key to avoid damage to doors or windows for entry. Repairs will be co-owner's responsibility.

Name: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____
To list 1 person is fine; 2nd person is optional	
Name: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____

OCCUPANTS

List all who are residing in your condo

Name: _____	Adult or minor _____
Name: _____	Adult or minor _____
Name: _____	Adult or minor _____
Name: _____	Adult or minor _____
Name: _____	Adult or minor _____
Name: _____	Adult or minor _____

PLEASE NOTE: All information provided is strictly confidential and for record keeping purposes. Only Leadership personnel and the Board of Directors have access to this data. It is not shared with any other individuals, entities, or organizations.