

home
ISN'T A PLACE,
it's a feeling

FOUR SEASONS CONDOMINIUMS

2021 OWNER INFORMATION FORM

1. OWNER NAME: _____

UNIT ADDRESS: _____

EMAIL ADDRESS: _____

OWNER: YEAR-ROUND _____ OR _____ SEASONAL

2. OWNER BILLING ADDRESS: _____

3. OWNER PHONE NUMBERS:

CELL: _____ HOME: _____ SEASONAL: _____

OTHER: _____

4. OWNERS EMERGENCY CONTACT:

NAME: _____

PHONE NUMBER(S): CELL: _____ OTHER: _____

5. DO/WILL YOU RENT YOUR UNIT? _____ YES _____ NO

TENANT NAME: _____

TENANT EMAIL: _____ TENANT PHONE: _____

LENGTH OF LEASE: _____ 6 MONTHS _____ YEAR _____ YEAR(S)

REMINDERS WILL BE SENT FOR CONTINUAL UPDATING OF OWNER INFORMATION DUE TO TENANT AND OWNER MOVEMENT.

PLEASE RETURN THIS FORM TO PROPERTY MANAGEMENT CONSULTANTS

EMAIL : PMCSTAFF@COMCAST.NET FAX: 609-390-0244

MAIL: 15 N SHORE RD; MARMORA, NJ 08223