



20 Summer Street
Stamford, CT 06901
Tel: (203) 348-8566 Fax: (203) 358-9763

Information Sheet

1. Complex Name Crescent Village Condominium Association Unit No. _____ Parking Space No. _____

2. Name(s) of Unit Owners (1) _____

Name(s) of Unit Owners (2) _____

(List all other occupants) _____

3. Mailing Address of Owner(s) if unit is not owner occupied _____

4. Telephone Number(s) of Owner(s)

(W) _____ (H) _____ (C) _____

(W) _____ (H) _____ (C) _____

Email: _____

5. Do you or a direct member of your family occupy the Unit? Yes () No ()

6. **If no, please complete the following and return with a copy of a current lease.**

Name(s) Tenant (1) _____

Name(s) Tenant (2) _____

(List all other occupants) _____

Telephone Number(s) of Tenant(s) (W) _____ (H) _____

(W) _____ (H) _____

Mailing address of tenants (if different) _____

Lease Period _____

7. List all vehicle(s) identification of occupant(s) of the Unit

(1) Make _____ Color _____ License Plate No. _____ State _____

(1) Make _____ Color _____ License Plate No. _____ State _____

8. Pets (If allowed): Type _____ How Many _____

PER THE BOARD, EVERYONE MUST FILL OUT AND RETURN TO MANAGEMENT - THANK YOU!

PLEASE NOTE: IF, AT ANY TIME THIS INFORMATION CHANGES, PLEASE CONTACT OUR OFFICE AND COMPLETE A NEW SHEET AS SOON AS POSSIBLE. IT IS IMPORTANT FOR THE SAFETY AND SECURITY OF ALL RESIDENTS AND THE ASSOCIATION THAT COMPLETE INFORMATION IS AVAILABLE ON ALL RESIDENTS AND OWNERS.

COMMENTS _____