

The Enclave Condominium Association, Inc.

RESIDENT Data Form

A memo to the owners and residents at the Enclave Condominiums:

As you may be aware, the Front Desk is computerized. We are able to access data for your safety and security as well as your convenience. We can access temporary guests, special requests, and tenants. Your completion of this form will help us to facilitate those requests.

Our insurance carriers have asked us to maintain information on file regarding owner insurance and Mortgage Company (if any). Please be advised that mortgage and insurance information is not for the public, and will be held in the Management Office in the strictest of confidence.

Please take 5 minutes and complete this form.

Please return the completed form to the Management Office as soon as possible, either by mail, office drop off slot, email (info@enclavecondominiums.com) or fax to (609) 347-0219.

Thank you for your cooperation.

PLEASE PRINT

Your unit #: _____ Your name: _____

Home address: _____

Phone #'s: Home: () _____ Business: () _____

Cell #'s: () _____

Fax #'s: Home: () _____ Business: () _____

Unit phone #: _____ E-Mail address: _____

Storage locker # & location: _____ Bike space # & location: _____

Please check as appropriate:

I live in the Enclave condo year round _____

The Enclave Condo is a secondary residence _____

I lease the unit year round _____

I lease the unit seasonally _____

I do not plan to lease the unit _____

I presently have or am a tenant in the unit _____

(If yes, please make sure the Management Office has a copy of the latest executed lease)

The real estate office that handles the unit is **(if any)**:

_____ Agent: _____

Beginning term of Lease/residency: _____

Ending term of Lease/residency: _____

Please list all cars that may be parking in the garage during your residency:

Be advised: We will not be using this information to determine if your car is in violation of a parking policy. Your car will be booted if it is parked in the parking garage and does not have a current, valid, properly displayed parking permit. This information is for emergency purposes only.

Make of car	Color	License plate #	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all guests residing in or who have your permission to sign out a key to your unit so we have them on file

(Easy access to guest information enables us to provide better service):

_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____

Emergency contact: _____
Name Phone #

Owner Mortgage info (for Management Office use only):

Name of Mortgage Company: _____

Address: _____

Loan number: _____ Telephone #: _____

Please check with the **Management Office** to make sure your cleaning service or any other service or delivery company is listed as having authorized access. Authorization forms are available.

Signature: _____ Date: _____