

# ANNUAL **OWNER'S** PROFILE AS OF 7/1/2019

Clearview Heights / 200 Lambert Terrace, No. 87 / Chicopee, MA 01020

UNIT  
NUMBER

## CONFIDENTIAL INFORMATION

**To be completed by Owner**

**Please complete BOTH SIDES of this form and bring it to the Annual Meeting or mail it with your July or August payment. If not received by 8/10/2019, a \$25.00 fine will be imposed.**

Owner(s) (Name(s) on Deed) \_\_\_\_\_

Is Unit Owner Occupied? Yes ☐ No ☐ Telephone: \_\_\_\_\_ Unlisted? Yes ☐ No ☐

**Please complete even if your number is unlisted**

NOTE: If you do not live at Clearview Heights 12 months of the year, please provide your contact information on the second page.

Do you have a Mortgage? Yes ☐ No ☐

If "Yes" Name of Lending Institution for your Mortgage \_\_\_\_\_

*Required information. If any changes are made to the By-Laws, the Lending Institutions of owners with mortgages must be notified.*

Please provide your e-mail address. Our primary communication is via e-mail and our WEB site.

Do you have an e-mail address? Yes ☐ No ☐ If "Yes" do you have a printer? Yes ☐ No ☐

My (our) e-mail address is: \_\_\_\_\_  
*If you change your e-mail address, please let us know.*

Secondary e-mail address: \_\_\_\_\_  
*This could also be a person you would like to receive our e-mails on your behalf.*

If you do **NOT** have e-mail but you do text messaging on your cell phone, please provide you cell phone number and the name of your carrier (AT&T, Verizon, etc.) so we can keep you up-to-date about snow removal etc. \_\_\_\_\_

Full Names of all Residents (Adults and Minors) and Resident Minor's ages if under age 18:

Full Names of Resident Adults		Full Names of Resident Children	Child's Age

List ALL Motor Vehicles of Residents and Visitors on the property **6 or more times a month**:

Vehicle Make and Model	Year		Plate Number

Pets:

Kind	Breed	Color

Reminder: It is the owner's responsibility to keep the animal's shots/vaccination and license (if applicable) up to date.

**Emergency contact information (if you wish to provide it).**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**If you do not live at Clearview Heights 12 months of the year, please tell us how you can be contacted.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**If you LEASE your unit, please complete the following information**

**Renter Information:**

**Dates of Lease:** \_\_\_\_\_ **Renter's Telephone Number:** \_\_\_\_\_

**Renter's e-mail address:** \_\_\_\_\_

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**Rental Agent's Contact Information:**

**Rental Agent's Name:** \_\_\_\_\_ **Rental Agent's Telephone Number:** \_\_\_\_\_

**Rental Agent's E-mail address:**

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