

ANNUAL OWNER'S PROFILE AS OF 7/1/2021

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

UNIT
NUMBER

CONFIDENTIAL INFORMATION To be completed by Unit 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 8/10/2021, a \$25.00 fine will be imposed.**

Owner(s) / Name(s) on your 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 your 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	Resident/Visitor

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.

PLEASE COMPLETE THE OTHER SIDE

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: _____

If you LEASE your unit, please complete the following information

Renter Information:

Dates of Lease: _____ Renter's Telephone Number: _____

Renter's e-mail address: _____

Rental Agent's Contact Information:

Rental Agent's Name: _____ Rental Agent's Telephone Number: _____

Rental Agent's E-mail address:
