

Walcott Valley Townhouse Condominium Association, Inc.
Owner/Tenant Information Form
Required per Massachusetts Condominium Act, M.G.L. Chapter 183A

This information is needed to update our files for general or emergency situations. Your cooperation will be greatly appreciated.

Please complete and return to:
Salisbury Management, Inc., 120 Shrewsbury Street, Boylston, MA 01505.

ADDRESS OF UNIT & UNIT #: _____ DATE: _____

E-MAIL(S): _____

OWNER NAME (S):

(1) _____ (3) _____

(2) _____ (4) _____

TELEPHONE NUMBER:

(1) Home _____ Work _____ Cell _____

(2) Home _____ Work _____ Cell _____

E-mail (s) _____ / _____

IN CASE OF EMERGENCY CONTACT (OTHER THAN SELF): _____

PHONE NUMBER(S): _____

IF UNIT IS RENTED, PLEASE PROVIDE THE FOLLOWING INFORMATION.

LIST ALL PERSON (S) LISTED ON LEASE/OR RESIDING IN UNIT :

(1) _____ (3) _____

(2) _____ (4) _____

TELEPHONE NUMBER:

(1) Home _____ Work _____ Cell _____

(2) Home _____ Work _____ Cell _____

E-mail (s) _____ / _____

VEHICLE: (1) MAKE: _____ (2) MAKE: _____

MODEL: _____ MODEL: _____

PLATE NUMBER: _____ STATE: _____ PLATE NUMBER: _____ STATE: _____

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Tenants and owners who park
at Walcott Valley, please provide
vehicle info.