

## **CAPRON STREET LOFTS CONDOMINIUMS**

### **Homeowners Questionnaire**

Dear Capron Street Homeowner:

We have had the need to contact homeowners regarding repairs to their unit, for emergency purposes, or to follow-up on miscellaneous requests. In an attempt to keep our records accurate and to more efficiently manage Capron Street, the Board of Directors has requested that each homeowner supply us with the attached information shortly after moving to Capron Street and whenever a change is made to the information.

Please take a moment and provide us with this information so that we may better serve the needs of the community. Please return this information to Kenrick Corporation.

Thank you for your cooperation. Should you have any questions, please feel free to contact me at 424-1540.

Sincerely,

*Barry Smith*

Barry Smith  
Property Manager, as Agent for  
Capron Street Lofts Condominium

BS/sm  
Enclosure

## CAPRON STREET LOFTS CONDOMINIUM QUESTIONNAIRE

Please return questionnaire within 10 days.

**Kenrick Corporation**

**3495 Winton Place, D-4, Rochester, NY 14623**

585-424-1540    www.kenrickfirst.com    fax 585-424-1553

1. Owners names (as appear on deed):  
\_\_\_\_\_
2. Unit address: \_\_\_\_\_  
  
Mailing address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_
3. Phone numbers for all occupants (for *internal* use only):  
  
Home # : \_\_\_\_\_ Cell # : \_\_\_\_\_  
  
Other # : \_\_\_\_\_ Other # : \_\_\_\_\_
4. E-mail Address(es): \_\_\_\_\_
5. Number of occupants (\_\_\_\_\_) and names of occupants living in unit:  
\_\_\_\_\_
6. Emergency Contact: \_\_\_\_\_ Phone # : \_\_\_\_\_  
  
Emergency Contact Email Address: \_\_\_\_\_
7. Vehicle Information (all must be licensed):  
  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_  
  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_  
  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_
8. Pets (Type, Color, Age, Weight – Max of 1 dog OR 2 cats): \_\_\_\_\_  
\_\_\_\_\_
9. Tenant Names: \_\_\_\_\_  
(Include copy of lease and \$250 fee [\$650 for the commercial unit] payable to Capron Street Lofts)
10. Tenant Phone Numbers: \_\_\_\_\_
11. Lease Dates: \_\_\_\_\_

Thank you for your cooperation in filing out this questionnaire. It is greatly appreciated.