

**Capron Street Lofts Condominium
Lease Information Form**

Please include the following items **AT LEAST 5 days prior** to the commencement of the lease/lease renewal:

1. A signed copy of this form.
2. A copy of the signed lease.
3. A \$50.00 lease fee. Make check payable to Capron Street Lofts Condominium & note Lease Fee & Unit # in the memo line.

Unit Number: _____ Owner's Name(s): _____

Tenant Name(s) _____

LEASE TERM: Start Date: _____ End Date: _____

Lease Auto Renews: _____ Yes or _____ No

I/We the tenant(s) have received the Condominium Declaration, By-Laws, Rules and Regulations, and Unit Owner Reference Guide, and agree to be subject to the terms and provisions thereof.

Signature of Tenant(s) _____ **Date** _____

_____ **Date** _____

Owner Mailing Address: _____

Owner Email Address: _____

Owner Phone #: _____

Tenant Info:

Phone #1 _____ Phone #2 _____

E-Mail _____

E-Mail _____

Make of Car(s) _____ Year _____ License # _____ State _____

Make of Car(s) _____ Year _____ License # _____ State _____

Person to be notified in Emergency

Name _____ Phone # _____

Information may be emailed to Charlene at cluffman@kenrickfirst.com, and check mailed to:
Capron Street Lofts c/o Kenrick Corporation 3495 Winton Place D4, Rochester, NY 14623