

**CROSSWAYS CONDOMINIUM HOMEOWNER ASSOCIATION, INC.**

**HOMEOWNER QUESTIONNAIRE**

Dear Crossways Condominium Unit Owner:

We are requesting unit owner contact information in the event we need to contact you relative to needed repairs, emergency purposes, or to follow up on miscellaneous service requests. The Board of Managers has requested that each homeowner supply us with the attached information at your earliest convenience.

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 in the enclosed self-addressed envelope.

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

Sincerely,

*Timothy Goetz*

Timothy Goetz  
Portfolio Manager, as Agent  
Crossways Condominium Homeowners Association, Inc.

TG/eh  
Enclosure

**CROSSWAYS CONDOMINIUM HOMEOWNER ASSOCIATION, INC.  
HOMEOWNER QUESTIONNAIRE**

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 and names of occupants 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 (Name, Type, Color, Age, Weight): \_\_\_\_\_  
\_\_\_\_\_
  
9. If this is a rental unit, please list names of all tenants as shown on your lease:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If applicable: Term of Lease: From: \_\_\_\_\_ To: \_\_\_\_\_

Thank you for your cooperation in filling out this form and returning it to  
Kenrick Corporation at 3495 Winton Place, D-4. Rochester, NY 14623  
within 10 days of receipt.