

**HIGHLAND MEADOWS HOMEOWNERS ASSOCIATION, INC.**

**HOMEOWNERS QUESTIONNAIRE**

Dear Highland Meadows Homeowner:

We are requesting homeowner 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 Directors is requesting 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,

*Tiffany Harrell*

Tiffany Harrell  
Portfolio Manager, as Agent  
Highland Meadows Homeowners Association, Inc.

TH/eh  
Enclosure

**HIGHLAND MEADOWS HOMEOWNERS ASSOCIATION, INC.  
HOMEOWNERS QUESTIONNAIRE**

Please return questionnaire within 10 days

**Kenrick Corporation**

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

585-424-1540    [www.kenrickfirst.com](http://www.kenrickfirst.com)

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:  
\_\_\_\_\_  
  
Term of Lease: From: \_\_\_\_\_ To: \_\_\_\_\_

Thank you for your cooperation in filling out this questionnaire. It is greatly appreciated.  
Please return questionnaire in the envelope provided within 10 days.