

**INGRESS AT THE ERIE CANAL PARK  
HOMEOWNERS ASSOCIATION, INC.**

**HOMEOWNERS QUESTIONNAIRE**

Dear Ingress at the Erie Canal Park Homeowner:

We have had, on occasion, the need to contact homeowners relative to needed repairs to their units, for emergency purposes, or to follow up on miscellaneous service requests. In an attempt to update our records and to more efficiently manage the Ingress property, the Board 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 to Kenrick Corporation in the enclosed envelope.

Thank you for your cooperation. Should you have any questions, please feel free to contact me at (585) 424-1540.

Sincerely,

Eileen Broderick  
Property Manager as Agent for Ingress at the Erie Canal HOA

Enclosures

cc: Homeowner file

**INGRESS AT THE ERIE CANAL PARK HOMEOWNERS ASSOCIATION, INC.  
HOMEOWNER 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 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 – Maximum 1 Dog OR 2 Cats): \_\_\_\_\_  
\_\_\_\_\_
9. Rental unit - list names of all tenants as shown on your lease, along w/phone # & email:  
\_\_\_\_\_
10. Term of Lease: From: \_\_\_\_\_ To: \_\_\_\_\_  
Please include a copy of the lease when returning this form.

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