

## LINDEN EAST CONDOMINIUM

### OWNER QUESTIONNAIRE

Dear Linden East Condominium Owner:

We have had, on occasion, the need to contact owners 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 the Linden East Condominium property, the Linden East Condominium Board of Managers has requested that each owner supply us with the attached information shortly after moving to the neighborhood 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, the address is located on the top of the form.

Thank you for your cooperation.

Respectfully,

*Korey VanKouwenberg*

Korey VanKouwenberg, Portfolio Manager  
As Agent for Linden East Condominium

KV/co  
Enclosure

## LINDEN EAST CONDOMINIUM OWNER QUESTIONNAIRE

Please return questionnaire within 10 days to  
**Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623**  
585-424-1540    www.kenrickfirst.com

1. Owners' name(s) (as appear on deed):  
\_\_\_\_\_
2. Unit address: \_\_\_\_\_  
Mailing address (if different from above):  
\_\_\_\_\_
3. Phone numbers for all owners (for **internal** use only):  
Home # : \_\_\_\_\_ Cell # : \_\_\_\_\_  
Other # : \_\_\_\_\_ Other # : \_\_\_\_\_
4. Owner's E-mail Address: \_\_\_\_\_
5. Names of all persons living in condo:  
\_\_\_\_\_  
\_\_\_\_\_
6. Emergency Contact: \_\_\_\_\_ Phone # : \_\_\_\_\_  
(other than yourself)  
Emergency Contact Email Address: \_\_\_\_\_
7. Tenant Name(s): \_\_\_\_\_  
Lease Dates: \_\_\_\_\_  
Tenant phone(s) & email(s) address: \_\_\_\_\_  
**Copy of signed lease & Linden East required lease rider MUST be attached!**  
If not presently renting condo, do you plan to in the future?    \_\_\_Yes    \_\_\_No
8. Vehicle Information (all must be licensed):  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_
9. Pets (Type, Color, Age, Weight): \_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this questionnaire. It is very important for our files & greatly appreciated.