

**MCCORMICK PLACE CONDOMINIUM A**

**HOMEOWNERS QUESTIONNAIRE**

Dear McCormick Place Homeowner:

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

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

Sincerely,

Miles McGregor  
Portfolio Management, as Agent  
McCormick Place Condominium A

MM/co  
Enclosures

**MCCORMICK PLACE CONDOMINIUM A  
HOMEOWNER QUESTIONNAIRE**

*Please return questionnaire within 10 days.  
Kenrick Corporation  
3495 Winton Place, D-4, Rochester, NY 14623  
585-424-1540 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 – Max 20lb weight and limit 2 pets – cat/dog):  
\_\_\_\_\_  
\_\_\_\_\_
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.*