

**NORTH STAR VILLAGE AT BRISTOL MOUNTAIN ASSOCIATION, INC.**

**HOMEOWNERS QUESTIONNAIRE**

Dear North Star Village Homeowner:

We have had, on occasion, the need to contact homeowners regarding 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 North Star Village property, the Board of Directors has requested that each homeowner supply us with the attached information shortly after moving to North Star Village 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.

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

Sincerely,

*Barry Smith*

Barry Smith  
Portfolio Manager, as Agent  
North Star Village at Bristol Mountain Association, Inc

BS/eh  
Enclosure

**NORTH STAR VILLAGE  
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): \_\_\_\_\_

\_\_\_\_\_

9. Rental unit - list names of all tenants as shown on your lease, along with their phone and email:

\_\_\_\_\_

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.**