

PARKSIDE HOMEOWNERS' ASSOCIATION, INC.

HOMEOWNER QUESTIONNAIRE

Dear Parkside HOA Member:

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 Parkside HOA property, the Board of Directors 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.

Regards,

Eileen Broderick

Eileen Broderick, CMCA, AMS

Portfolio Manager for Parkside Homeowners Association

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Enclosure

**PARKSIDE 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

1. Owner/s 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 of occupants (_____)
Names of occupants living in unit: _____

6. Emergency Contact: _____ Phone # : _____
Emergency Contact Email Address: _____
7. Vehicle Information (all must be licensed):
Make: _____ Model: _____ Color: _____ License#: _____
Make: _____ Model: _____ Color: _____ License#: _____
Make: _____ Model: _____ Color: _____ License#: _____
8. Pets (Type, Color, Age, Weight): _____

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