SHADOW PINES HOMEOWNERS ASSOCIATION

HOMEOWNERS QUESTIONNAIRE

Dear Shadow Pines Homeowner:

We are requesting homeowner contact information in the event we need to contact you relative to needed repairs, emergency purposes, or to follow up on miscellaneous service requests.

Please take a moment and provide us with the attached information so that we may better serve the needs of the community. Please return this information in the enclosed self-addressed envelope.

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

Sincerely,

Tiffany Harrell

Tiffany Harrell
Portfolio Manager, as Agent
Shadow Pines HOA

TH/br
Enclosure

SHADOW PINES HOMEOWNERS ASSOCIATION

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 home:

   _____ _____

   _____ _____

6. Emergency Contact: _____ Phone # : _____
   (other than yourself)
   Emergency Contact Email Address: _____

6. Tenant Name(s):_____

   Lease Dates:_____

   Tenant phone(s) & email(s)address:_____

   If not presently renting home, do you plan to in the future? ____Yes ____No

7. Vehicle Information (all must be licensed):

   Make: _____ Model: _____ Color: _____ Plate#: _____

   Make: _____ Model: _____ Color: _____ Plate#: _____

8. Pets (Type, Color, Age, Weight): _____

   _____

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