STONEFIELD COMMONS HOMEOWNERS ASSOCIATION, INC.

Homeowner Questionnaire

Dear Stonefield Commons Homeowner:

We have had, on occasion, the need to contact homeowners/residents 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 Stonefield Commons property, the Board of Directors has requested that each homeowner supply us with the attached information shortly after moving to Stonefield and whenever a change is made to the information.

Please take a moment to provide us 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

Miles McGregor Portfolio Manager, as Agent for Stonefield Commons HOA

MM/co Enclosure

STONFIELD COMMONS HOMEOWNER QUESTIONNAIRE

| Please I | return questionnaire within 10 days |
|--------------|--------------------------------------|
| | Kenrick Corporation |
| 3495 Wir | nton Place, D-4, Rochester, NY 14623 |
| 585-424-1540 | www.kenrickfirst.com |

| Owners names | | | | |
|--|--|------------------------------|---------|--|
| Unit address: _ | | | | |
| Mailing addres | s (if different from abov | e): | | |
| Phone number | s for all occupants (for | <i>internal</i> use only): | | |
| Home #: | | Cell #: | Cell #: | |
| Other #: | | Other #: | | |
| E-mail Address | s(es): | | | |
| | · , | | | |
| | ames of occupants in u | nit: | | |
| | | nit: | | |
| Number and n | | | | |
| Number and n | ames of occupants in u | Phone #: | | |
| Number and n | ames of occupants in u | Phone #: | | |
| Number and n Emergency Co Emergency Co Vehicle Inform | ames of occupants in un ontact:ontact Email Address: | Phone #: ed): | | |
| Number and na Emergency Co Emergency Co Vehicle Inform Make: | ames of occupants in un ontact: ontact Email Address: ation (all must be licens | Phone #: _ ed): Color: | Plate# | |

9. If Rental unit - list names of all tenants as shown on your lease, w/phone # are & emails:

 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.