

**VILLAS AT CHURCHVILLE HOMEOWNERS ASSOCIATION, INC**

**HOMEOWNERS QUESTIONNAIRE**

Dear Villas at Churchville 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. The Sponsor/Board of Directors is requesting 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 in the enclosed self-addressed envelope.

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

Sincerely,

*Korey VanKouwenberg*

Korey VanKouwenberg  
Portfolio Manager, as Agent for  
Villas at Churchville Homeowners Association, Inc.

KV/eh  
Enclosure

**VILLAS AT CHURCHVILLE HOMEOWNERS ASSOCIATION, INC.**

**Please return questionnaire within 10 days**

Kenrick Corporation  
3495 Winton Place, D-4, Rochester, NY 14623  
**585-424-1540** [www.kenrickfirst.com](http://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#: \_\_\_\_\_
8. Pets (Name, Type, Color, Age, Weight - Limit of 2 pets – no dogs over 70 lbs):  
\_\_\_\_\_  
\_\_\_\_\_
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.*