

## THE VILLAS AT COLDWATER CONDOMINIUM A

### Homeowners Questionnaire

Dear Coldwater Condo owner:

We have had, on occasion, the need to contact homeowners 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 Villas at Coldwater property, the Coldwater Condominium A Sponsor/ Board of Managers has requested that each homeowner 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.

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

Sincerely,

*Joe Scarpulla*

Joe Scarpulla  
Property Manager for  
The Villas at Coldwater Condominium A

JS/eh  
Enclosure

**THE VILLAS AT COLDWATER A  
CONDOMINIUM 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. If Rental unit - list names of all tenants as shown on your lease, w/phone # & email addresses:  
\_\_\_\_\_
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.*