

**The Villas at Coldwater Condominium C**

**HOMEOWNERS QUESTIONNAIRE**

Dear Villas at Coldwater Condominium C 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 Board of Managers 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,

*Barry Smith*

Barry Smith  
Portfolio Manager, as Agent  
The Villas at Coldwater Condominium C

JB  
Enclosure

**The Villas at Coldwater Condominium C  
HOMEOWNER QUESTIONNAIRE**

**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)    fax 585-424-1553**

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 # 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.*