

**WINDSOR VILLAGE II CONDOMINIUM  
OWNER QUESTIONNAIRE**

Dear Windsor Village II Condominium Member:

We have had, on occasion, the need to contact owners 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 Windsor Village II Condominium property, the Board of Managers has requested that each owner supply us with the attached information within 10-days 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, the address is located on the top of the form.

Thank you for your cooperation.

Respectfully,

A handwritten signature in dark ink, appearing to read "Hans Rozestraten", is written over a light blue horizontal line.

Hans Rozestraten  
Portfolio Manager for Windsor Village II Condominium

HR/lbk  
Enclosure

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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. Names of all occupants living in unit:  
\_\_\_\_\_  
\_\_\_\_\_
6. Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
(other than yourself)  
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 (Type, Color, Age, Weight): \_\_\_\_\_  
\_\_\_\_\_
9. If Rental unit - list names of all tenants as shown on your lease with phone # & email:  
\_\_\_\_\_  
Term of Lease: From: \_\_\_\_\_ To: \_\_\_\_\_  
Please include a copy of the lease when returning this form.

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