

325 S. HIGHLAND AVENUE OWNER AND OCCUPANT INFORMATION FORM

Property Management shall ensure all owner and occupant information is current to best serve your community especially upon emergency situations, building upgrades and the administration of Building Rules attached herein.

This information will not be distributed to anyone outside of Property Management and the Condo Board of Directors.

It is the owner's responsibility to complete the information on this form and to provide updates as they occur, like change of tenant move-out dates, move-in dates and new leases.

Please complete this form in its entirety and provide the requested documents:

- a copy of your Property Insurance Declarations Page
- your lease (if applicable)
- pet picture and vaccination record (if applicable)

Submit to Management Company by

- EMAIL to info@rjcmgt.com, or
- USPS MAIL to RJ Community Management, 4900 Perry Hwy, Bldg 1, Suite 300, Pittsburgh, PA 15229

Unit Number:	Date completed:
--------------	-----------------

OWNER CONTACT INFORMATION

Entity Name, if applicable. <i>If Owner is an Entity (e.g. Corporation, Partnership, LLC), provide the entity name here and provide below the first and last name, residential address, email addresses, and phone numbers for those individuals associated with the entity (e.g. officers, partners, members). Submit a separate sheet if necessary.</i>	
First Name(s):	Last Name(s):
Residential Address:	
Email Addresses: Primary Email: _____ Secondary Email: _____	Phone Numbers: Mobile _____ Work _____ Home: _____
Emergency Contact Name:	Emergency Contact Phone Numbers: Mobile: _____ Work: _____ Home: _____

OCCUPANT CONTACT INFORMATION

Do you occupy your unit? __Yes __No If no, is your unit rented? __Yes __No (If neither, then vacant.)

If your unit is rented, you must ensure that the Building Rules are attached to your lease and signed by your tenant. Please complete the information below and **attach a copy of the current executed lease that includes the Building Rules with tenant's initials.**

The Name(s) of Tenant(s) in your leased unit is/are:

The number of minors in your leased unit are _____ and their birth years are

Does any occupant need special assistance in case of emergency building evacuation?

Yes _____ No _____

If yes, please describe occupant's needs:

PET INFORMATION

Submit your pet's picture and current vaccination record. Your pet's name and physical description is:

Name of Pet:	Physical Description:

VEHICLE INFORMATION

(Please list all vehicles)

Make, Model, Color: _____

License Plate Number: _____

Make, Model, Color: _____

License Plate Number: _____

Make, Model, Color: _____

License Plate Number: _____

PROPERTY INSURANCE INFORMATION

A copy of your property insurance declarations page must be provided.

Company Name: _____

Contact Information: _____

Date Received by Management: _____