

TOWNHOUSE MANOR COOPERATIVE

MEMBER INFORMATION SHEET

Please return this

Date: _____

As the Managing Agent for your Cooperative, we ask that you furnish our office with the following pertinent information to allow us to update and maintain the Cooperatives records:

MEMBER NAME(S):

Address _____

Unit No. _____

Home Phone _____ Business Phone _____

Mobile Phone _____ E-mail _____

MEMBER NAME(S):

Address _____

Unit No. _____

Home Phone _____ Business Phone _____

Mobile Phone _____ E-mail _____

OTHER OCCUPANTS IN UNIT:

ALTERNATE OR VACATION ADDRESS:

Address _____

Alternate Phone _____

If vacation / seasonal travel, please list dates:

Leaving _____ Returning _____

YOUR INSURANCE COMPANY:

Company Name _____ Policy # _____

Agent Name _____ Phone _____

Expiration Date of the Policy: _____

YOUR MORTGAGE COMPANY (If applicable):

Company or Individual Name _____ Address _____

Phone _____ Date Purchased _____ Loan Number _____

VEHICLE INFORMATION:

Make of Vehicle _____ Year _____ License Plate # _____ Color _____ Driven By _____

Make of Vehicle _____ Year _____ License Plate # _____ Color _____ Driven By _____

Make of Vehicle _____ Year _____ License Plate # _____ Color _____ Driven By _____

CAT/DOG INFORMATION :

Name _____ Cat or Dog (circle one) Male or Female (circle one)

License # _____ Current Vaccination Date _____

IN THE EVENT OF AN EMERGENCY:

CONTACT _____ RELATIONSHIP _____

TELEPHONE NO. _____ DO THEY HAVE A KEY: _____?

Or

CONTACT _____ RELATIONSHIP _____

TELEPHONE NO. _____ DO THEY HAVE A KEY: _____?

Emergency contact information is necessary in the event that an emergency arises at your home when you are not available. Please supply the emergency contact person(s) information to contact on your behalf and if they have a key to your home.