

Unit Data Form

Information herein is confidential and will not be shared.
It is for exclusive use by 1725 Washington Street Homeowners Association members only.

Unit _____	Leased: no _____ yes, as of _____
Owner(s) _____	Preferred Address (if other than unit) _____
Phone _____	_____
Email _____	_____
Emergency Contact Name and Number _____	

Occupant _____
Phone _____
Email _____
Emergency Contact Name and Phone Number _____

Occupant _____
Phone _____
Email _____
Emergency Contact Name and Phone Number _____

Occupant _____
Phone _____
Email _____
Emergency Contact Name and Phone Number _____

Occupant _____
Phone _____
Email _____
Emergency Contact Name and Phone Number _____

Pet (name and type) _____

Pet (name and type) _____

Occupant(s)/Tenant(s) hereby acknowledge(s) receipt of copies of the 1725 Washington Street Homeowners Association CC&Rs, bylaws, and Residents Guide. I acknowledge that failure to abide by the covenants, conditions, restrictions, limitations, uses or rules shall be a breach of my lease.

Occupant/Tenant _____ Date _____

Owner hereby acknowledges that the lease does not relieve the owner of his or her obligation to pay each and every regular assessment and special assessment to the HOA. Owners are responsible for damage to the common areas. All cost incurred by the association to enforce rules, or collect damages or fines, is the responsibility of the unit owner concerned.

Owner _____ Date _____