

CHESTERVIEW CONDOMINIUM ASSOCIATION

OWNER INFORMATION SHEET

Date: \_\_\_\_\_

Please note that this form must be completed and returned to the management office within fifteen (15) days of receipt. This information will not be made available to the public. Please also include your email address as this may allow you to receive important information regarding the community more quickly. Thank you for your cooperation in this matter. Please return to The Galman Group via mail, fax or email.



P.O. Box 646, Jenkintown, PA 19046



dtoliver@galmangroup.com



267-620-1447

Name \_\_\_\_\_

Unit # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Work#/Name: \_\_\_\_\_

Work#/Name: \_\_\_\_\_

Cell#/Name: \_\_\_\_\_

Cell#/Name: \_\_\_\_\_

**Household/Resident information:**

Please list other residents

\_\_\_\_\_

Special instructions: \_\_\_\_\_

**Vehicle Information:**

Make	Model	Color	License

**Emergency Contact (Name & phone number)**

Name: \_\_\_\_\_

**\*\*\*IF YOU ARE CURRENTLY RENTING YOUR UNIT, PLEASE COMPLETE THE INFORMATION BELOW AND SEND A COPY OF THE LEASE \*\*\***

Tenant's Name \_\_\_\_\_ Lease expiration: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_