

UNLIMITED PROPERTY MANAGEMENT, INC.

P. O. BOX 2965
WESTMINSTER, MD 21158
410.808.6769 (PHONE)
410.552.8346 (FACSIMILE)

CONFIDENTIAL INFORMATION SHEET

UNIT ADDRESS: _____

OWNER NAME(S): _____

MAILING ADDRESS (if different than unit address): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S): _____ (home) _____ (work)
_____ (cell - _____) _____ (cell - _____)
_____ (alt. telephone) _____ (alt. telephone)

EMAIL ADDRESS(ES): _____

RESIDENT/TENANT NAME(S): _____

RESIDENT/TENANT TELEPHONE NUMBER(S): _____ (home) _____ (work)
_____ (cell - _____) _____ (cell - _____)
_____ (alt. telephone) _____ (alt. telephone)

RESIDENT/TENANT EMAIL ADDRESS(ES): _____

OPTIONAL EMERGENCY CONTACT: In the event of an emergency and you are unable to be reached, please contact:

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT TELEPHONE NUMBER(S): _____ (cell) _____ (other)

Do they have access to your unit in the event of fire or flood? _____ Yes _____ No

THIS INFORMATION IS COLLECTED FOR INTERNAL ASSOCIATION USE ONLY.

Please return this completed form to your Association, ATTN: Unlimited Property Management, Inc., P.O. Box 2965, Westminster, MD 21158, 410-552-8346 (facsimile), info@unlimitedpropertymgmt.com

For Office Use Only: _____ ASSN _____ Date
Authorized: _____ (initial)