HIGH TIDE
ASSOCIATES
Real Estate Services • Brokerage • Regime & Association Property Management

BARONY WOODS

DEAR HOMEOWNER,

IN ORDER FOR US TO BE MORE EFFECTIVE IN MANAGING YOUR PROPERTY, THE FOLLOWING INFORMATION IS REQUIRED;

OWNER NAME: _____
BILLING ADDRESS: _____
_____
UNIT #: _____
PHONE #: (HOME) _____
(CELL) _____
(WORK) _____
E-MAIL: _____
EMERGENCY CONTACT: (NAME) _____
(PHONE) _____

1. DO YOU LIVE IN UNIT? Y N
2. DO YOU RENT OUT YOUR UNIT? Y N
   (Note, Barony Woods only allows long-term rentals)
3. IF YES, DO YOU MANAGE IT YOURSELF? Y N
4. IF NO, WHO IS YOUR AGENT? _____
   MANAGEMENT CO.? _____
   TELEPHONE #: _____

5. LIST VEHICLES AUTHORIZED TO PARK ON THE PROPERTY:

	YEAR	MAKE	COLOR	MODEL	PLATE#	STATE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN TO:

HIGH TIDE ASSOCIATES

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