

**OLD FORGE CROSSING CONDOMINIUM ASSOC.
2021 INFORMATION FORM**

Please fill this out and return to ofcmgmt@comcast.net or drop off or to the Old Forge office.

1. NAME(S) OF OWNER(S): _____ **UNIT#:** _____

MAILING ADDRESS: _____

HOME PHONE #: _____ **WORK#:** _____ **CELL#:** _____

E-MAIL: _____

EMERGENCY CONTACT: _____ **PHONE#:** _____

2. RENTAL AGENT(if applicable): _____

ADDRESS: _____

PHONE: _____ **CONTACT:** _____

**3. ALL RESIDENTS (OWNERS OR RENTERS) LIST THE NAMES OF ALL PERSONS
(AND THE AGES OF ANY CHILDREN) RESIDING IN THE UNIT:**

HOME PHONE #: _____ **WORK#:** _____ **CELL#:** _____

E-MAIL: _____

EMERGENCY CONTACT: _____ **PHONE#:** _____

4. PET INFORMATION:

<u>TYPE OF PET</u>	<u>BREED</u>	<u>COLOR</u>	<u>NAME</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. HOMEOWNER INSURANCE INFORMATION (HO-6 POLICY):

INSURANCE CO. _____ **AGENT'S NAME & PHONE:** _____

POLICY #: _____ **EXPIRATION:** _____

7. VEHICLE INFORMATION

MAKE _____ **MODEL** _____ **STATE** _____ **TAG** _____ **SPACE #** _____

MAKE _____ **MODEL** _____ **STATE** _____ **TAG** _____ **SPACE #** _____

MAKE _____ **MODEL** _____ **STATE** _____ **TAG** _____ **SPACE #** _____

INSURANCE CO. _____ **AGENT'S PHONE:** _____

POLICY #: _____ **EXPIRATION:** _____