Castle #12 Condominium, Inc.

c/o Renaissance Management Group
1773 N State Road 7, Lauderhill FL 33313

UNIT OWNER CONTACT INFORMATION SHEET

Unit Address: _____

Owner Name (1): _____ Phone Number: _____

Owner Name (2): _____ Phone Number: _____

Email (1): _____ Email (2): _____

Do you consent to receive communications electronically (via email)? [ ] Yes [ ] No

How many people live in the unit: _____ adults _____ children

Any pets? [ ] Yes [ ] No If yes, what type: _____ Name: _____ Age: _____

Mailing Address: [ ] I live in the community [ ] Different address (Please write it below)

Address: _____

The property is currently: [ ] Owner Occupied [ ] Tenant Occupied* [ ] Vacant

***If tenant occupied, please attach current lease agreement, and add tenant contact information below:**

Tenant 1: _____ Phone Number:_____ Email:_____

Tenant 2: _____ Phone Number:_____ Email:_____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate: _____

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate: _____

Assigned Parking Space Number: _____

Emergency Contact:

Name: _____ Phone Number: _____ Relationship: _____

Signature Owner 1: _____ Signature Owner 2: _____

PLEASE EMAIL THIS FORM TO info@rmgsouthflorida.com OR
MAIL IT/DROP IT OFF at 1773 N. State Road 7, Lauderhill, FL 33313