



SAVIN ROCK CONDOMINIUMS ASSOCIATION, INC.

283 West Walk, West Haven CT 06516

www.savinrockcondos.com

OWNER / RESIDENT/ TENANT CONTACT INFORMATION

Collect Associates maintains a list of names, addresses and phone numbers of all residents. This information is for emergency use and everyone's safety at SRCA. If you lease your unit you are also required to provide your tenants' information as well as your own. In case of emergency (such as a burst pipe, fire or need to access water shut offs) it is essential that we have the name and phone numbers (work and residence) of your unit's residents and of a friend or family member to whom you or your unit's residents will entrust a key to your unit. All information provided below will be kept confidential by the Board and Collect Associates.

Please complete and return this form with (or before) your next common fee payment to **Collect Associates, 392 River Road, Shelton, CT 06484**. You must immediately report to Collect Associates any changes in the information provided below.

Failure to accurately complete and return this form by the due date may result in imposition of fines and other remedial action in accordance with SRCA's Rules and Regulations and Policies.

PLEASE NOTE: Rules and Regulations, #26:

RENTAL OF UNIT: No Unit shall be leased or rented for a period of less than one year. Also, no Unit shall be leased until ownership of at least one year is established. Unit Owner must provide Property Manager with a copy of the lease and a current certificate of Insurance showing both property and liability coverage. Unit Owners must provide Property Manager with tenants' information and acknowledgement of receipt of SRCA's Rules. **Please also refer to the sections on leasing of units in SRCA's Bylaws (posted on SRCA's website).**

CONTACT INFORMATION TO BE PROVIDED BY UNIT OWNER

Owner and Resident Info

Owners Name _____ Unit# _____

Do you (1) reside at West Walk _____ year-round? _____ part of the year? (2) _____ lease unit?

Residents of Unit (non-tenants) (Names/Relationship to Owner) _____

Offsite Address: _____

Phone #s: (Home) _____

(Work) _____ (Cell) _____

Email: _____

Emergency Contact Info

Emergency Contact: (Name) _____

Phone #s: (Home) _____ (Work) _____

(Cell) _____ Does contact have key to unit? _____ Y _____ N

Tenant Info

If you lease your unit:

Have you provided a copy of your tenants' lease to Collect Associates? _____ Y _____ N

Have you provided a copy of a current certificate of insurance to Collect Associates? _____ Y _____ N

Have you provided a copy of SRCA's Rules and Regulations to your tenants? _____ Y _____ N

Have your tenants acknowledged receipt of SRCA's Rules and Regulations? _____ Y _____ N

Have you provided a copy of that acknowledgement to Collect Associates? _____ Y _____ N

List the following info for ALL tenants residing in your unit:

Name _____ Phone (H) _____

(W) _____ (C) _____

Email _____

Name _____ Phone (H) _____

(W) _____ (C) _____

Email _____

Name _____ Phone (H) _____

(W) _____ (C) _____

Email _____

I certify that (i) the information provided above is accurate and complete and (ii) I have read and am in compliance and will continue to comply with all Savin Rock Condominiums Association Rules and Regulations and policies pertaining to Rental of Units.

Signature of Unit Owner

Date Signed