Williston Eastview Condominium Association Unit Occupant Registration Form

For new residents and for yearly updates by current residents

Eastview Estates unit no.:		
Unit owner		
Name:		e-mail address:
Home phone:	work phone:	other phone:
Owner's mailing address:		
Unit occupant information		
Do you currently occupy your unit? Yes	No 🗌 If no	o, are you renting your unit? Yes No
Term of lease: from date		to date
Please attach a copy of your current lease (if	applicable). Leases n	nust require all tenants to abide by association rules and regulations
Do your tenants have a copy of the association	on rules and regulation	ns? Yes No
Please list all occupants:		
Unit occupant home phone:	work phone:	other phone:
Vehicle information		
List all vehicles parked at unit.		
Make/model:	color:	license plate no.:
Make/model:	color:	license plate no.:
Pet information		
Type/breed:	color:	size/weight (approx.):
Williston dog license no.		(renew dog license yearly by April 1)
Emergency contact information		
Please indicate the person whom we should		
Name: addres	s:	phone:
Insurance information		
Insurance provider (unit contents and liability):	policy number:
Water heater information		
Hot water heater manufacturer:		Year installed
Heating sources		
Main heating source: gas wood wood	electric keros	sene other:
Date last maintenance performed:	E	3y:
Secondary heating source:		
Association rules and regulations		
I have read and agree to abide by the rules a	nd regulations of the	association.
Signature:		Date:

Property Management Associates P.O. Box 1201 Williston, VT 05495 vtpma@aol.com 802-860-3315