



CHERRYWOOD CONDOMINIUM ASSOCIATION

OWNER INFORMATION FORM

All owners are required to be registered with the Association, therefore, it is *imperative* that each owner complete the information below and return it to Preferred Management at Preferred Management, Inc., 25 Charles Street Westwood, NJ. You can also fax it back to 201-358-9398. Email Kimberly@prfmgt.com

(PLEASE PRINT CLEARLY)

UNIT # and Street : _____

Owner Name: _____ Owner Name: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax Number: _____

Email: Print Clearly _____

Email: Print Clearly _____

Address (if unit owner does not reside at Cherrywood Condominium Association):

Other members of your household who live in your unit:

Name/Relationship:

1. _____

2. _____

Person to contact in case of an emergency:

Name /Phone

1. _____

2. _____

Do you rent your unit to a tenant?

Yes _____ (If yes, please complete information below and provide the Association with a **current copy of the lease**):

No _____

Tenant Name(s): _____

Cell Phone: _____ Business Phone _____ E-mail _____

Person to contact in case of an emergency:

Name /Phone

1. _____

2. _____