

Managing Agent Information (if any):

Name: _____

Address: _____

Phone Number: _____ E-Mail _____

Maintenance Agent Information (i.e. Superintendent if any):

Name: _____

Address Including Dwelling Unit Number _____

Phone Number: _____ E-Mail: _____

Owner or Agent to be Contacted in Event of Emergency:

Name: _____

Phone Number: _____ E-Mail: _____

Name and Address of Every Holder on Recorded Deed and Mortgage

Name and Address of Fuel Oil Dealer If Used

Please Complete Below - If More Than 8 Units Please Include Separate Spreadsheet

UNIT NUMBER	NUMBER OF SLEEPING ROOMS	TOTAL NUMBER OF TENANTS	CURRENT LEASE RENTAL TERM

Signature: _____

Date: _____