

**THE GABLES**  
**INFORMATION FORM**

*(Please Print All Information)*

UNIT #: \_\_\_\_\_

Owner 1: \_\_\_\_\_ Telephone #1 (C): \_\_\_\_\_  
Owner 2: \_\_\_\_\_ Telephone #2 (C): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone # (H): \_\_\_\_\_  
\_\_\_\_\_

**Pursuant to 27A V.S.A § 3-121(a), I/We being all of the unit owner(s) designate the following email address(es) as an acceptable method of providing notice from the Association to the above unit until further notice.**

Yes                      No

E-mail Address (Primary): \_\_\_\_\_  
E-mail Address (Secondary): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone # (C): \_\_\_\_\_  
Telephone # (H): \_\_\_\_\_

Is there insurance coverage for the dwelling/interior of the Unit?                      Yes                      No

Company: \_\_\_\_\_ Agent's Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Policy # \_\_\_\_\_

**Vehicle(s) Registered to Owner:**

	Make	Model	Color	Plate	State	Year
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

Are there any pets residing within unit?                      Yes                      No

\*\* Cats and Dogs in South Burlington need to be registered with the City.\*\*

License #: \_\_\_\_\_ Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Cat                      Dog

License #: \_\_\_\_\_ Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Cat                      Dog

Signature (s) of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**RENTAL INFORMATION**

Is your Unit Leased?                                  Yes                                  No  
If Yes: Lease Term: \_\_\_\_\_                                  Expiration Date: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR LEASE TO APPLETREE BAY PROPERTY MANAGEMENT**

Occupant (s) \_\_\_\_\_

Tenant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tenant 1 Telephone # (H) \_\_\_\_\_ Tenant 2 Telephone # (H) \_\_\_\_\_

Tenant 1 Telephone # (C) \_\_\_\_\_ Tenant 2 Telephone # (C) \_\_\_\_\_

Tenant 1 Telephone # (W) \_\_\_\_\_ Tenant 2 Telephone # (W) \_\_\_\_\_

Tenant 1 Email: \_\_\_\_\_ Tenant 2 Email: \_\_\_\_\_

Does your unit have a Rental Manager?      Yes                                  No

If Yes: Manager Name: \_\_\_\_\_  
Manager Phone: \_\_\_\_\_  
Manager Email: \_\_\_\_\_

Has a copy of the Associations' Bylaws been supplied to your tenant(s)                                  Yes                                  No

Does your lease require your tenant(s) read and abide by the Associations' Rules?                                  Yes                                  No

Does your tenant have renter's insurance?                                  Yes                                  No  
Please email Appletree Bay Property Management the declarations page to their policy

Company: \_\_\_\_\_                                  Agent's Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_                                  Policy #: \_\_\_\_\_

TENANT'S VEHICLE INFORMATION

Make	Model	Color	Plate	State	Year
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____