

RIVERWATCH
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. _____	_____	_____	_____	_____	_____