The Village at Hospital Hill North Association

c/o Kendrick Property Management /PO Box 3220 Amherst, MA 01004

 413-253-0285 / 413-253-2383 Fax

kpm@kendrickmanagement.com

**Please fill out and return to Kendrick Property Management**

**ASSOCIATION REGISTRATION FORM *I* INFORMATION FACT SHEET**

Property Location/Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Numbers:

 Best #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile # \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Management or Emergency Contact Information :

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Invoice: Not Needed \_\_\_\_\_\_\_ Mail \_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_

**For Single Family Residential Owners:**

VEHICLE INFORMATION

1. Vehicle Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_

 Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_

2. Vehicle Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_

 Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_

PET INFORMATION

Cat \_\_\_\_\_\_\_\_\_\_  Breed \_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_ lbs. \_\_\_\_\_\_

Dog\*\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_ lbs. \_\_\_\_\_\_ Town Reg. # \_\_\_\_\_\_\_\_\_\_