

Park Place Condominiums Resident Questionnaire

Personal: Name: _____ Unit# _____

Mailing Address: _____

Phone Number: (_____) _____ - _____ Mobile: (_____) _____ - _____

E-Mail Address: _____

Check One: Owner(s) _____ Renter _____ Land Contract _____ Other _____

If Other, please describe: _____

Number household members: Adult(s): _____ Minor(s): _____

List the names and contact information for additional members of the household:

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

Emergency Contact for unit if we cannot reach you

Name: _____ Phone: (_____) _____ - _____

Relationship: _____

Insurance: Please include name of provider and policy information.



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Vehicle(s) Make, Model, Color License plate number

Pets. Cat _____ Dog _____ Breed/Name _____

HOA dues, to arrange online payments contact Garry Carper at Green Gate Property Care
at 260-804-1490/greengatepc@gmail.com

Pay by: Check _____ Cashiers Check _____ Money Order _____

Checks can be mailed to: Park Place Condominums
2939 Westbrook Dr
Fort Wayne IN 46805

Payable to Park Place

Due 1st of each month.

I attest as an owner of Park Place at Centilivre Condo # _____ that I have read and agree to uphold the Park Place rules and Regulations. I further understand that this unit is for single family dwelling and that no condominium unit or any portion thereof may be rented, leased, or subleased.

Our Bylaws require that all owners provide the following to be kept on file

Declaration page of Homeowners Insurance Policy!

Copy of Pet registration and immunization records!

Copy of Lease if Applicable!

Owner Signature _____ date _____

Owner Signature _____ date _____

Welcome!!!!