

Park Place At Centlivre Owners Association Inc. Residents Questionnaire

Name _____ Unit # _____

Mailing Address _____

Phone Number _____ Cell Number _____

Email Address _____

Do you consent to receiving emails for communication purposes? Yes___ No___

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

If Other, please describe _____

****A copy of a lease agreement is required if applicable****

Number of household members: Adult(s)_____ Minors(s)_____

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

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

*****EMERGENCY CONTACT for unit if you cannot be reached*****

Name _____ Phone Number _____

Relationship _____

****Declaration page of Homeowners Insurance Policy is required****

Insurance carrier & policy _____

2 vehicle(s) are permitted per unit. Year, Make, Model, Color, License Plate number

1 _____ 2 _____

Pet: Cat _____ Dog _____ Breed/Name _____

**** A copy of Pet registration and immunization records are required ****

COA dues are to be paid by the 1st of every month. Any questions contact: Garry Carper at Green Gate Property Care LLC at 260-804-1490 or greengatepc@gmail.com

Pay by: Check _____ Money Order _____ Bill Pay _____

Make your checks payable to Park Place Condominiums. Payments can be mailed to: Park Place Condominiums, 2939 Westbrook Drive, Fort Wayne, IN 46805.

I attest as an owner of Park Place at Centlivre Owner Association Inc. condo # _____ that I have read and agree to uphold the Park Place at Centlivre Owner Association ByLaws and 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, least, or subleased.

Our Bylaws require that all owners provide the items shown with an asterisk **

Owner Signature _____ date _____

Owner Signature _____ date _____