



Unit Owner Information Form

MARSTON BEACON HILL 115 CHARLES ST BOSTON, MA 02114 T.617.212.3335 WWW.MARSTONBEACONHILL.COM

Address _____ **Date** _____

Note: The board of trustees and building management are required to keep up-to-date contact information for all unit owners. Information in the shaded areas is required. Owners who do not occupy their units are required to provide occupant or renter information. All information will be kept strictly confidential. Only home phone and e-mail contacts will be shared among unit owners, and owners are asked not to disseminate this information to anyone outside the condominium association.

Owner & Occupant Information (Required)

	Name	E-mail Address	Home Phone	Work Phone	Cell Phone
Owner					
Owner					
Occupant					
Occupant					
Occupant					

In Case of Emergency

Contact Name _____

Home Phone _____ Cell Phone _____

For rented units, lease start date: _____ end date: _____

Pets

Do you have any pets? YES NO

Type and description _____

Alternate Mailing Address/Seasonal Residence (Optional)

Street _____

City _____ State _____ Zip _____

Phone _____

Dates in Boston _____ to _____

Dates at Alternate Address _____ to _____

Should we mail to your alternate address during these months? YES NO

Mortgage Information

Mortgage Company _____

Contact Person _____

Address _____

Phone _____

Would you require assistance in an emergency? YES NO

Type of disability _____

Notes or Comments
