

# CRYSTAL SPRINGS CONDOMINIUM ASSOCIATION

Crystal Way, Bellingham, MA 02019

## Unit Owner/Renter Registration Form

Date: \_\_\_\_\_

Unit#: \_\_\_\_\_

### Owner Information

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Emergency Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Tenant Information (if applicable)\*

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Emergency Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\*\* Renting or Leasing units must be approved by the Management Company prior to rental agreement.

### Occupant Vehicle Information:

Vehicle #1 \_\_\_\_\_

Year/Make                      Model                      Plate #

Vehicle#2 \_\_\_\_\_

Year/Make                      Model                      Plate #

***I have received and read the Rules and Regulations pertaining to Crystal Springs Condominium. I understand them and agree to abide by them.***

Signature: \_\_\_\_\_

(Owner/Tenant)

The name(s) listed above has registered with the Crystal Springs Condominium Association as having received, read and understands the Rules and Regulations.