

1700 Park Street Condominium Association
Registration of Ownership for Unit Number _____

Legal Ownership Name: _____

Legal Ownership Type (Choose One): Corporation _____
Individual _____
Trust _____
LLC _____
LLP _____

Contact Name: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact E-Mail: _____

Mailing Address for Legal Owner: _____

Mortgage Holder: Name _____

Address: _____

Mortgage Account Number: _____

PIN (Property Identification Number) _____

(For verification purposes with County) _____

#1 Emergency Contact Name & Phone #
(Must be a local number) _____

#2 Emergency Contact Name & Phone #
(Must be a local number) _____

(Authorized Name) (Authorized Signature) (Date)

ASSIGNMENT OF RIGHTS AND VOTING PROXY (Optional):

I hereby assign rights with regard to notification of owners meetings, rights of ownership relating to keys, keycards, and voting proxy, etc. to the following individual(s) who are not the legal owners of the suite identified above. This assignment shall be valid until such assignment is revoked.

Assign: _____
(Name)

Assign: _____
(Name)

Authorized by: _____
Signature _____

Printed Name _____

Title _____