



THE OAKS CONDOMNIUM ASSOCIATION

OWNER QUESTIONNAIRE

UNIT # _____ TOTAL RESIDENTS: _____ DATE: _____

Owner's Name: _____ Drivers License: _____ State: _____

Mailing Address: _____
Street, City, State, Zip Code

Home Phone: _____ Mobile: _____ Email: _____

Resident #1: _____ Drivers License: _____ State: _____

Resident #2: _____ Drivers License: _____ State: _____

VEHICLES TO BE PARKED ON PROPERTY:

	Owner	Make/Model	Color	Year	Plate #	Oaks #
Vehicle #1:	_____	_____	_____	_____	_____	_____
Vehicle #2:	_____	_____	_____	_____	_____	_____
Vehicle #3:	_____	_____	_____	_____	_____	_____

Do you require emergency assistance in the event of a power outage? Yes, No

If yes, please briefly explain: _____

Signature

Date

Printed Name