

NEW RESIDENT INFORMATION FORM & ACKNOWLEDGEMENT

PLEASE CONFIRM RECEIPT OF THIS HANDBOOK AND PROVIDE US WITH YOUR CONTACT INFORMATION PRIOR TO MOVE-IN. EACH PERSON RESIDING IN THE UNIT MUST COMPLETE A SEPARATE FORM. THE UNIT OWNER IS RESPONSIBLE FOR INSURING THAT MANAGEMENT RECEIVES THIS FORM. THIS FORM IS TO BE USED FOR NEW OWNERS PURCHASING UNITS IN THE BUILDING AND FOR ALL TENANTS WHO MAY BE RENTING ANY UNIT.

FOR FASTEST COMPLIANCE---PLEASE FAX THIS FORM TO 215-387-1618 OR E-MAIL A SCANNED COPY TO diane@orensbrothers.com.

1027 ARCH STREET UNIT # _____ PHILADELPHIA, PA 19107

RESIDENT NAME: _____

ADDRESS (for billing and correspondence):

CELL #: _____ HOME #: _____

WORK # : _____ EMAIL#: _____

BEST WAY TO CONTACT: _____ BEST TIME: _____

IN THE EVENT OF EMERGENCY, WHO CAN WE CONTACT ON YOUR BEHALF?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE: _____

CELL#: _____ HOME #: _____

WORK #: _____ E-MAIL: _____

DATE OF MOVE-IN: _____

NAME OF REAL ESTATE AGENCY (FOR SALE OR RENTAL if applicable):

I (WE) HAVE RECEIVED, READ AND AGREE TO ABIDE BY THE 1027 ARCH STREET CONDOMINIUM RESIDENT MANUAL WITH RULES & REGULATIONS:

NAME: _____ DATE: _____

NAME: _____ DATE: _____