

## BURKE COVE CONDOMINIUM UNIT OWNERS ASSOCIATION

		Office Use Only	
		Received On:	By:
		Entered On:	By:
Owner/Resident Data Sheet			
Date:	Move-In Date:		
Building Number:	Unit Number:		
Name:			(Owner –Renter*)
Check One * Proofs of residency - copy of a fully executed lease and/or copy of a bill			
Home:W	ork:	Ce	·ll:
Primary Contact Email address:			
<ul> <li>important updates to unit owners/residents and to conserve our natural resources, we are in the process of developing an email distribution list that will be used for this purpose only. We will be using the Bcc method and your email will <b>not</b> be shared with others.</li> <li>Would you like your email to be included in this list? <b>YES</b>() <b>NO</b>()</li> </ul>			
Emergency contact in case we cannot reach you			
Contact Name:			-
Additional Residents Other Than Above			
Resident 2: Name:	Relationship:		
Resident 3: Name:		Relationship:	
Resident 4: Name:		Relationship:	
Owner/Tenant Signature		Date	