- Cape Henry Towers Council of Co-Owners

3288 Page Avenue • Virginia Beach, VA 23451 • 757-481-7500 • Fax: 757-481-3673

Professionally Managed By: 757-481-7500

OWNER INFORMATION SHEET UNIT #: _____

| CHILDREN. | | |
|--|--|---|
| EMAIL: | CELL# _ | |
| HOME#: | WORK# | <u> </u> |
| OCCUPATION: | | |
| FORWARDING ADDRI | ESS (if applicable, if CHT is not | your primary address): |
| | | LICENSE #: |
| ADDITIONAL VEHICI | LE: MAKE & MODEL: | LICENSE #: |
| | EMERGENCY CONTA | ACTS: |
| NAME: | PHONE #: | |
| NAME: | PHONE #: | |
| NAME: | PHONE #: | |
| PERSONS AUTHORIZ | ZED TO USE THE UNIT WITH | OR WITHOUT OWNER PRESENT: |
| | | |
| HIS A RENTAL UNIT? | YES/NO | Fob Issued: YES/NO |
| HIS A RENTAL UNIT? ES, please provide the office with as prior, can only be a 12 month to | YES/NO a current lease, must live in unit 12 ease, must have prior approval, rental | Fob Issued: YES/NO QTY: PAID: YES/NO |
| HIS A RENTAL UNIT? ES, please provide the office with as prior, can only be a 12 month to | YES/NO a current lease, must live in unit 12 | Fob Issued: YES/NO |
| HIS A RENTAL UNIT? ES, please provide the office with as prior, can only be a 12 month left 25%, can only rent 100% of unit | YES/NO a current lease, must live in unit 12 ease, must have prior approval, rental t). If you rent unit, you give up your | Fob Issued: YES/NO QTY: PAID: YES/NO |
| HIS A RENTAL UNIT? ES, please provide the office with as prior, can only be a 12 month lef 25%, can only rent 100% of unit of amenities. | YES/NO a current lease, must live in unit 12 ease, must have prior approval, rental t). If you rent unit, you give up your | Fob Issued: YES/NO QTY: PAID: YES/NO Parking Decal Issued: YES/NO |

PLEASE ACKNOWLEDGE THAT YOU HAVE READ THE RULES AND REGULATIONS:

| Understand Move In / Move Out Procedures: • Procedures for reserving elevate • Scheduling Move in/out dates w • Elevator Fees • Times to move in/out | ors |
|---|--|
| Understand Guests/Guest Pass Procedures: | INITIAL: |
| Understand Contractors Procedure: All contractors must register with the o Must provide office with COI & Busine Asbestos is present in popcorn ceilings contractor trash off premise No Dumping of Hot Water Heater/wate Trash Room is off limits to contractors Delivery & work times for contractors | ess License & unit entry fire doors/No use of CHT carts/No disposal of |
| Understand Pet Policy: • Up to date Animal License and | INITIAL: Rabies vaccination on file. nly (require certification and Doctor's Letter |
| Understand usage of carts/deliveries:Notify office of any deliveries | INITIAL: arts BLUE IS FOR GROCERIES ONLY INITIAL: |
| Understand various Fees: | INITIAL: |
| Understand Limited Common BalconyNo carpet, no tiles, no attachments to ra | INITIAL:ailings or to walls/ceiling/deck |
| Understand securing electricity/water when ou | t of town: INITIAL: |
| TOWERS AND ARE SUBJECT TO ALL PER | E BY ALL RULES AND REGULATIONS OF CAPE HENRY NALTIES AND ASSESMENTS. I VERIFY THAT ALL OVIDED IS TRUE AND ACCURATE TO THE BEST OF MY |
| SIGNATURE | DATE |