

# OWNER INFORMATION FORM

**As required by Chapter 51:10A please fill out this form and return it to:**  
**Modica Associates Property Management**  
**131 Park Drive Boston, MA 02215**  
**(fax) 617-236-7655**

## UNIT OWNER INFORMATION

Unit Owner Name: \_\_\_\_\_

Building: \_\_\_\_\_ Unit: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate#: \_\_\_\_\_ Space # \_\_\_\_\_

If the address on the envelope in which you received this information is not entirely correct or if you would prefer we use a different address, please indicate the address below.

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Pets: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Alternate contact person in case of an emergency in the unit:

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

## TENANT INFORMATION (if applicable)

Tenant Names: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**The building's insurance is designed to cover common area property only. A HO6 policy should be purchased by owners and tenants alike to cover their personal property, building deductibles, and any relocation and loss of use necessary to sustain them through a disaster. I.E. Flood or fire"**

**PLEASE VERIFY WITH THE MANAGEMENT COMPANY THAT WE HAVE A WORKING SET OF KEYS TO YOUR UNIT AND ALARM CODE IF APPLICABLE IN THE EVENT OF A LOCKOUT OR BUILDING EMERGENCY.**

**IMPORTANT INFORMATION:**

**Please circle correct information**

What type of stove is in Unit: Electric/Gas If Gas, Electric Igniter or Need to manually relight pilot with match?

**Please circle correct information**

Circuit Breaker in Unit/Fuse Box in, please write-in location\_\_\_\_\_.