

**UNIT INFORMATION REQUIRED PURSUANT TO
STATUTES, COMM. OF MA ch. 400**

**CASCADES CONDOMINIUM ASSOCIATION
2025 RESIDENT/HOMEOWNER(S) DATA SHEET**

In an effort to verify our files, we ask that you complete the form below. Please clearly include **phone numbers** and **e-mail addresses** as they are important should an emergency occur and we need to contact you.

Thank you.

Name: _____

Unit Address: _____

Your Mailing Address: _____

(if Different)

Home Phone Number: _____ Work Number: _____

Cell Phone Number: _____ E-Mail: _____

Are you residing in the unit? _____ Number of Residents: _____

Are you renting out your unit? _____

If so, list name(s) of all tenant(s) _____

Phone number(s) of tenant(s) _____

Vehicle Registration(s): **Owner** _____ **Tenants** _____

Auto #1: Registration #: _____

Make/Model/Year/Color _____

Auto #2: Registration #: _____

Make/Model/Year/Color _____

Please provide your pet information (restrictions may apply):

Do you have any pets? _____ How many? _____

If so, provide Breed/Weight/Name? _____

Additional Notes/Comments: _____
