

RENTZ MANAGEMENT, INC.

P.O. BOX 1027
COVINGTON, KY 41012
rentzmanagement@fuse.net
(859) 581-4815

Dear Owner:

It is very important to keep up-to-date and accurate records. In order to achieve this we need you to provide us with the information requested below. It is imperative that we have this information for mailings and emergency contact. Please return the completed form along with your next association payment.

Thank you,
Rentz Management, Inc.

UNIT ADDRESS: _____ LOT # / PARKING SPACE _____ STORAGE SPACE _____	
O W N E R	Last Name: _____ First Name: _____ Date Purchased: _____
	Mailing Address: _____ City: _____ St: _____ Zip: _____
	Phone # Home:(____) _____ Mr. Work:(____) _____ Mrs. Work:(____) _____
	E-mail address _____ List Occupants (Including Pets): _____
	Emergency Contact: _____ Phone #:(____) _____
O C C U P A N T	Last Name: _____ First Name: _____ Date Rented: _____
	Mailing Address: _____ City: _____ St: _____ Zip: _____
	Phone # Home:(____) _____ Mr. Work:(____) _____ Mrs. Work:(____) _____
	List Occupants (Including Pets): _____
	Emergency Contact: _____ Phone #:(____) _____

Please return this questionnaire to:

Rentz Management, Inc.
P.O. Box 1027
Covington, KY 41012
Fax (859) 655-2613

IMPORTANT

**When paying fees please
make checks out to your
Association.**

REVISED 2/28/04ms