

LIBERTY SQUARE CONDOMINIUM ASSOCIATION

ATTACHMENT 2 - TENANT REGISTRATION FORM

ASSOCIATION UNIT ADDRESS _____

UNIT OWNER(S):

NAME(S) _____

ADDRESS, _____

PHONE#(HOME) _____ (OFFICE) _____

TENANT(S):

NAME(S) _____

ADDRESS _____

PHONE#(HOME) _____ (OFFICE) _____

CAR MAKE, MODEL AND LICENSE PLATE _____

LEASE START DATE _____ LEASE END DATE, _____

AUTOMATIC RENEWAL YES ___ NO ___

PETS ALLOWED YES ___ NO ___

NUMBER AND TYPE _____

As the Landlord/Owner of the above referenced unit in the Liberty Square Condominium Association, I verify that the above information is correct and I have provided a copy of all necessary Association Rules/Regulations/Restrictions to my tenant. As the Landlord/Owner I am responsible for the actions of my tenant and any guests or occupants of the unit. I **have attached a copy of my written lease agreement as required by the Association's Rules and Regulations.**

Owner's Signature _____ Date _____

Mail to: LIBERTY SQUARE CONDOMINIUM ASSOCIATION
975 Easton Road, Suite 102, Warrington, PA 18976