

Residential Unit Registration Form

URBAN PROPERTY MANAGEMENT | 35 FAY STREET UNIT 107A | BOSTON MA 02118 | t. 617-437-6755 | f. 617-437-9933 | e. INFO@URBANMANAGEMENT.NET

SALE & CLOSING INFORMATION			
Condominium Name:			Unit / Parking No.:
Resale Purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No	Closing Date: / /		Move In Date: / /
Seller's Brokerage Firm:		Buyer's Brokerage Firm:	

OWNER INFORMATION			
Owner Name:			
Mailing Address:			
P.O. Box:	City:	State:	ZIP Code:
Home Phone No.: ()	Cell Phone No.: ()	Work Phone No.: ()	
Email Address:			
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Home/Cell	Mortgage Co.:	Homeowners Insurance Co.:	
Spouse/Partner Name:			
Cell Phone No.: ()	Work Phone No.: ()	Pets:	

UNIT MANAGEMENT INFORMATION	
Supply Management Unit / Mail Key: <input type="checkbox"/> Yes <input type="checkbox"/> No Strongly suggested that Management retain a key for emergency access.	Unit Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Vacation <input type="checkbox"/> Tenant Landlords MUST submit Tenant Registration Form
Intercom / Marquis Display:	Phone Number Associated:
Key Fob No.:	Garage Controller No.:
Preferred Condo Payment Method: <input type="checkbox"/> Direct Debit <input type="checkbox"/> Coupon Payment Book <input type="checkbox"/> Electronic Check Participants in Direct Debit must submit signed authorization form.	

EMERGENCY CONTACT INFORMATION	
Contact Name:	Phone No.: ()
Contact Address:	Relationship:

OFFICE USE ONLY		
InfoDash/Outlook:	Yardi:	Intercom/Fobs: