

2024 – 2025

**Occupants Information:**

Household Main Point of Contact:

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

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

List all occupants:

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

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

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

In case of emergency do any occupants need ambulatory/wheelchair assistance? **YES NO**Oxygen Use? **YES - NO** Limited Mobility? **YES - NO**Does the unit have a medical/assistance service visiting the unit on a routine basis? **YES NO****Occupant's Emergency Contacts:**Please put a **K** next to the name/s of the person/s who has a key to your unit.

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

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

**Cat:** **YES NO** **(No Dogs Allowed)** **# of Bicycles Stored in Garage Common Area:** \_\_\_\_\_**Water heater install date (month/year):** \_\_\_\_\_

\*All hot water tank replacements require a permit to be pulled by contractor from the City of Nashua.

**Main Water Shut-Off Valve Type:** \_\_\_\_\_ **Knob:** \_\_\_\_\_**Lever:** \_\_\_\_\_**Vehicle Information:**

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

**Condo Unit Insurance Policy Carrier:** \_\_\_\_\_**Unit Owner Info(if not owner occupied):**

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

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

Email Address: \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_