WHITEGATE
CONDOMINIUMS

WHITEGATE CONDOMINIUM UNIT #_____ CONFIDENTIAL CENSUS FORM 2026-2027

Occupant Information:

Household Main Point of Contact:

Name:_____

Email:_____

Cell Phone:_____

List all occupants:

Name:_____Phone: _____

Name:_____Phone:_____

Name:_____Phone:_____

In Case of Emergency:

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 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: _____

Owner'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:_____

Unit Information

Water heater install date (month/year):_____

* Water tanks over 10 years old should be replaced 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: ◯  or Lever: ◯ 

Vehicle Information:

Year_____Make/Model_____Color_____Plate #_____

Year_____Make/Model_____Color_____Plate #_____

◯ **Condo Unit or ◯ Renter's Insurance Policy Carrier**

_____

Unit Owner Info (if not owner occupied):

Name: _____ Phone:_____

Mailing Address:_____

Email Address:_____

Owner's Signature:_____ Date:_____