

**HOMESTEAD MILLS CONDOMINIUM ASSOC.**  
**UNIT OWNER INFORMATION FORM**  
[SFLANNIGAN@BARKANCO.COM](mailto:sflannigan@barkanco.com)  
**(401) 473-2163 FAX AND VOICE**

Date: \_\_\_\_\_

Unit Owner's Name: \_\_\_\_\_ Bldg and Unit Number: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**OWNER OCCUPIED**

**TENANT OCCUPIED**

**IF UNIT IS A RENTAL PLEASE COMPLETE THE FOLLOWING:**

Name of Tenant(s) \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Term of Lease: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of automobiles per household: \_\_\_\_\_

(1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate # \_\_\_\_\_ Space # \_\_\_\_\_

(2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate # \_\_\_\_\_

Signed:

\_\_\_\_\_  
Unit Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Owner

\_\_\_\_\_  
Date

**Please Return This Form To:**  
**Homestead Mills Condo Assoc.**  
**C/O Barkan Management**  
**10 Weybosset Street Suite 403**  
**Providence, RI 02903**  
[sflannigan@barkanco.com](mailto:sflannigan@barkanco.com)  
**401-473-2163**

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**