

2600 Association, Inc.

Jersey City, New Jersey 07306

UNIT INFORMATION SHEET

Unit # _____

Unit Owner(s) Name(s):		Date of purchase:
Phone numbers: (H)	(C)	(W)
Phone numbers: (H)	(C)	(W)
Email address(s):		
Occupant(s) name(s); if a minor(s), please provide age(s):		
Please list any medical condition, disability and/or special need in case of an emergency, e.g., evacuation due to fire		
Emergency contact name(s):		
Emergency contact phone number(s):		
Emergency contact address(es):		
Does contact person(s) have a key to your unit? Yes [] No []		
Does the super have a key? Yes [] No [] If no, why not?		
IF NON-RESIDENT UNIT OWNER:		
Please provide your mailing address:		
Name(s) of your tenant(s):		
Phone number(s) of tenant(s): (H)	(C)	(W)
Lease date: From:	To:	Number of occupants:
Email address:		
Occupant(s) name(s): (if a minor, please provide age)		
Pet Information*: Do you have a pet(s): Yes [] No []		
Dog: Please describe (color, size, etc.):		
Cat(s): How many: Please describe (color, size, etc.):		
*Only 2 pets allowed per Unit: either 1 dog and 1 cat, or 2 cats. Only 1 dog per Unit is permitted.		