

THORWALD CONDOMINIUM TRUST

Rental Information Form 9/5/2022

The information you provide is for use only by the Board of Trustees and the property manager. We require this information for insurance purposes and to control emergency situations for the safety of all residents.

Unit Number _____

Unit Owner _____

Renter Name _____

Names of all occupants _____

Renter telephone (for emergency use only) _____

Date of rental _____

Length of rental _____

Renter's automobile make & license plate _____

Tenant bicycle storage building #4 _____

I (we) _____, have provided to the above named renters of our condominium unit, The Rules and Regulations and have reflected those Rules and Regulations in their lease.

The tenants have agreed to abide by those rules and regulations as well as any future changes. We understand and agree that we will be responsible for any fines levied due to viloations of the Rules and Regulations by our tenants or their guests. We have instructed our tenants to contact us and not to directly contact condominium employees for any repairs needed , with the exception of emergencies.

Name of Unit Owner (Print) Signature Date

Name of Unit Owner (Print) Signature Date

Return Rental Information to:
Thorwald Condominium Trust
PO Box 232
Gloucester, MA 01930