

# Condo Account Questionnaire

## Condominium Details:

condominium (legal) name:
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<b>Property Address:</b>
street address
city, town, state, and zip code

<b>Mailing Address:</b>
street, or post office box address
city, town, state, and zip code

<b>County Property is Located In:</b>	<b>Number of Units in Condo:</b>
<b>Year Condo Built:</b>	<b>Anticipated Service Starting Date:</b>
<b>Next Annual Meeting:</b>	<b>Are Any Special Assessments Planned?</b>
<b>Late Fee (When/How Much?):</b>	<b>Frequency of Assessments</b>

<b>Primary Contact:</b>			
	<b>name</b>	<b>email address</b>	<b>phone</b>
A.			

<b>Secondary Contact:</b>			
	<b>name</b>	<b>email address</b>	<b>phone</b>
B.			

<b>Questions:</b>	
	<b>Use this section to ask any questions or add comments/details.</b>
Q1:	
Q2:	
Q3:	