## VILLAGE OF SEWICKLEY HILLS CONDOMINIUM ASSOCIATION OWNER INFORMATION FORM

| Owner's Name                                                                          |                                                                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Owner's Name                                                                          |                                                                        |
| Unit Address Owner's Address (if different from Unit Address)                         |                                                                        |
|                                                                                       |                                                                        |
| Owner's Email address                                                                 |                                                                        |
| Owner has access to garage #                                                          |                                                                        |
| Please choose a four (4) digit number to b                                            | be programmed as owner's gate access code                              |
|                                                                                       | Yes No If yes, how many?                                               |
| First five (5) digits of the gate card(s)                                             |                                                                        |
|                                                                                       | SSUED UPON RECEIPT OF \$25.00 PER CARD: The Village of Sewickley Hills |
| Unit Owner Signature                                                                  | Date                                                                   |
| Unit Owner Signature                                                                  | Date                                                                   |
| Please submit completed form within ten                                               | (10) days of occupancy via:                                            |
| Mail: Diana Pearce c/o Acri Commercial Realty 290 Perry Highway, Pittsburgh, PA 15229 | FAX: 412 - 459 - 0141 or Email: diana.pearce@acrirlty.com              |