



Assurance Realty & Property Management

3320 Clays Mill Road, #108, Lexington, KY 40503 859-296-4663

email: Ann@AssuranceRealtyKY.com

Information Update Sheet (2024)

South Hill Station Lofts Condominium Association

Unit # _____ Has your Contact Information Changed? Yes ___ No ___

Owners Name: _____ Spouse _____

Owners Mailing Address _____

Owners Contact Phone Numbers:

Home: _____ Cell: _____ Work _____

Place of employment _____

Email Address: _____

Vehicle Make/Model/Year: _____ License Plate _____

Vehicle Make/Model/Year: _____ License Plate _____

How do you prefer to be contacted? ()Phone ()Email ()Text

Current Fob Number (s) Code #1 _____ #2 _____ #3 _____

Is you condo currently leased or occupied by someone other than yourself?

()Yes ()No If Yes, please provide the information on the Occupants

Update form (Include copy of Lease agreement and Renters Insurance Certification)

Mandatory:

Have you provided an updated key to management?

()Yes ()No If no, please provide a key to management with the return of this form. In addition, please attach a copy of your Home Owners insurance.

Access keys are to be used only in the event of an emergency or at your request.

Pet Registration Information

Annual Pet Fee: Cats \$50 Dogs \$200 Due January 31st of each year

Name of Pet: _____ Type of Pet _____

Description of Pet: _____

Approximate Weight of Pet: _____ Are Vaccinations Current: _____

Please attach a picture of your pet and copy of current vaccinations

Emergency Contact Person & Phone # _____



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Occupants Information Update Sheet (2024) South Hill Station Lofts Condominium Association

Unit # _____

Occupant(s) Name: _____

Phone: _____ Email: _____

Vehicle Make/Model/Year: _____ License Plate _____

Occupant(s) Name: _____

Phone: _____ Email: _____

Vehicle Make/Model/Year: _____ License Plate _____

Occupant(s) Name: _____

Phone: _____ Email: _____

Vehicle Make/Model/Year: _____ License Plate _____

Pet Registration Information

Annual Pet Fee: Cats \$50 Dogs \$200 Due January 31st of each year

Name of Pet: _____ Type of Pet _____

Description of Pet: _____

Approximate Weight of Pet: _____ Are Vaccinations Current: _____

Please attach a picture of your pet and copy of current vaccinations

Emergency Contact Person & Phone # _____

