

Chateaux du Lac Condominium Association, Inc.

1500 Gay Road, Winter Park, Florida 32789

OWNER & NEW RESIDENT INFORMATION

(Form CDL-302)

If information changes, please notify the Association/Management.

Owner Name: _____ Unit: _____

Address: _____

Phone #: Home: _____ Cell: _____

Lessee Name: _____

Other occupants: _____

Phone # Home : _____ Other: _____

Vehicle 1 Make/Model: _____ Yr: _____ License _____ State: _____

Vehicle 2 Make/Model: _____ Yr: _____ License _____ State: _____

Emergency Number: _____ Emergency Contact: _____

Does this Contact have keys to unit? YES: _____ NO: _____

YES _____ NO _____ I HAVE EXPLAINED TO LESSEE SHOULD NO KEY BE AVAILABLE TO THE ASSOCIATION/MANAGEMENT AND AN EMERGENCY ARISES, A LOCKSMITH WILL BE CALLED TO GAIN EMERGENCY ACCESS.

Other information for person(s) living in unit:

Pet: YES: _____ NO: _____ Breed: _____ Weight: _____

One pet per unit. Pet cannot weigh more than 25 pounds.

YES: _____ NO: _____ I HAVE REVIEWED THE RULES & REGULATIONS OF THE CHATEAUX DU LAC CONDOMINIUM ASSOCIATION WITH LESSEE AND HAVE GIVEN AN OFFICIAL COPY TO LESSEE.

YES: _____ NO: _____ I HAVE INFORMED TENANT NO WASHER(S)/ DRYER(S) ARE ALLOWED IN INDIVIDUAL CONDOMINIUM UNITS AND NO BARBECUE GRILLS OR OTHER COOKING EQUIPMENT ARE ALLOWED ON BALCONIES AND PATIOS PER WINTER PARK CODE OF ORDINANCES 502.5.3

YES: _____ NO: _____ I HAVE CHECKED FIRE EXTINGUISHER AND SMOKE DETECTOR(S) AND THEY ARE IN WORKING CONDITION.

I HEREBY UNDERSTAND I AM RESPONSIBLE FOR ALL DAMAGES CAUSED BY ANYONE LIVING IN, VISITING OR WORKING IN MY UNIT.

SHOULD NO KEY BE AVAILABLE TO THE ASSOCIATION AND AN EMERGENCY ARISES, I HEREBY UNDERSTAND A LOCKSMITH WILL BE CONTACTED TO GAIN EMERGENCY ACCESS AND THE COST WILL BE CHARGED TO MY UNIT.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

**Please return completed form to:
Chateaux du Lac Condominium Association, Inc.
Community 1st Advisors Suite 212
760 Florida Central Parkway
Longwood, Florida 32750
Phone: 407-628-1086**