



3801 Appian Way

January 11, 2021

Dear Homeowners,

As your Management Company we would like to call your attention to a few important matters.

Pursuant to the Rules & Regulations we are required to maintain certain information on each unit for documentation and emergency purposes. In order to protect your family and property in case of emergency, it is imperative that we have a current homeowner resident directory which is essential in enabling immediate communication between homeowner, the Board of Directors and the Triumvera Management office. Please rest assured this information will be kept confidential and will only be available to the office and Board of Directors.

On the following page, please take the requisite time to review and fill out the 2021 Census Form also attach a copy of your units' insurance. Please return completed Census form to the Triumvera Management Office located in the Rec Center anytime from 9 AM – 10 PM all completed forms are due by **February 12, 2021.**

Failure to return both the **Census Form with your unit's Certificate of Insurance** within 30 days from the date of this letter will result in a fine of **\$25.00** to be placed on your homeowner account. *Partial paperwork will not be accepted, both documents must be turned in together.

In accordance with the Bylaws of Triumvera 3801 Appian Way Condominium Association **rentals are not allowed.** Residents must notify Triumvera Management prior to taking action in putting your unit for sale.

We sincerely thank you for your trust, confidence, and cooperation.

For a digital copy please visit **www.Triumvera.com/3801-appian-way**



Date: _____

HOMEOWNER Information Sheet

Please print clearly

Address: _____ Garage Space# _____

Homeowner Name: _____ Phone Number: _____

Active E-Mail Address: _____

| List residents who will reside in the UNIT: | Relationship to Owner | Birthdate |
|---|-----------------------|-------------|
| 1. _____ | _____ | ___/___/___ |
| 2. _____ | _____ | ___/___/___ |
| 3. _____ | _____ | ___/___/___ |
| 4. _____ | _____ | ___/___/___ |
| 5. _____ | _____ | ___/___/___ |

Vehicles parked on the premises:

Make _____ Model _____ License Plate # _____

Make _____ Model _____ License Plate # _____

In the event of an emergency in your unit whom should we contact?

Emergency Contact:

Name: _____ Relationship to Owner: _____

Address : _____ Cell Phone : _____

Who is your Keyholder: _____ Phone #: _____

In the event of an emergency in your unit, are there any household members who would require assistance due to a disability?

_____ Yes _____ No

_____ Uses Oxygen _____ Needs Wheelchair/Walker _____ Hearing Impaired

_____ Vision Impaired _____ Other, please explain:

Homeowners Insurance Policy: ***Please attach a copy of your Units' Insurance***

Agent Name: _____

Insurance Company: _____

Agent Phone #: _____ Policy Number: _____

Expiration Date: _____

It is your responsibility to update this information as changes occur.



2021 Board of Directors

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Secretary- Albert Hartoun

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Board Member- Kosmas Nikolarelis

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