

Owner Information Verification

Unit Number: _____ owner occupied renter occupied

Owner Name: _____
Person #1

Person #2

Owner Address: _____
Street (no P.O. Box please)

City State Zip Code

Owner Phone: (_____) _____
Person #1

(_____) _____
Person #2

Owner Email: _____
Person #1

Owner Email: _____
Person #2

***** If unit is rented, Owner must provide SREA with a copy of the signed rental agreement with this completed form within 5 days of leasing date per Chapter 703.315, Wis. Stats. *****

Wood-Burning Fireplace

Does your condo unit have a wood-burning fireplace? yes no

If wood-burning, is it being used? yes no

When was the chimney last cleaned & inspected? yes no

Does your condo unit have a gas fireplace? yes no

Renter Information

Renter Name: _____
Person #1

Person #2

Other Occupants Unit:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Renter Phone: (_____) _____
Person #1

(_____) _____
Person #2

Renter Email: _____
Person #1

Renter Email: _____
Person #2

Lease Information

Date of Lease Agreement: _____, 20_____

Term of Lease: month-to-month annual

Expiration of Lease: _____, 20_____

Lease Renewal Date: _____, 20_____