

Essex Management Group

Residences At Cape Ann Heights Owner/Resident Registration Form

Date:	
Unit Owner's Name: <i>Michael Scully</i>	Unit #: <i>509</i>
Mailing Address: <i>122 West 71 St. #5, New York City, NY 10023</i>	
Home Phone: <i>917-754-0727</i>	Work Phone:
Email Address: <i>Michael Scully 1 @ MAC. com</i>	

OWNER OCCUPIED

TENANT OCCUPIED

Total number of automobiles per household: 1

	Make	Model	Color	Plate #
(1)	<i>NISSAN</i>	<i>TITAN</i>	<i>GREEN</i>	<i>XND 831</i>
(2)				

IF UNIT IS A RENTAL, PLEASE COMPLETE THE FOLLOWING	
Name of Tenant(s):	<i>SHAWN GAUGHAN</i>
Home Telephone:	<i>651-247-6802</i>
Work Telephone:	
Term of Lease: From	<i>MAY 21, 2013</i> To <i>MAY 31, 2014</i>

Signed By:

Unit Owner Date

Unit Owner Date

*Please Return this completed form to: Residences at Cape Ann Heights, PO Box 2098, Haverhill, MA 01831
Or Fax to: 978-521-5520*