Exhibit "B"

Chateaux Condominium Owner/Resident Information Form

Owner Name:		
Unit Address:		
Mailing Address (if different fro	om above):	
Home Phone Number:	Email Address:	
Work Phone Number:	Cell Phone Number:	
Garage Space(s) #	Parking Tag Numbers	<u> </u>
Please note if you are renting you	r unit, you must provide a copy of the current lease	e to Sequoia Mgmt Co.
Center's name:		
Home Phone Number:	Email Address:	
Vork Phone Number:	Cell Phone Number:	
Additional Residents		
)		
	Emergency Contact	
List the name and telephone nu	mber of at least one person to contact in case of an em	ergency involving the unit.
Name	Home/Cell Telephone W	ork Telephone
	<u>Certification</u>	
I am an owner or listed lessee of th residents listed above are full-time	e unit identified above. I certify that the information li residents of the unit.	isted above is accurate and the
G.		Date:

Please return completed form to Sequoia Management Company 13998 Parkeast Circle, Chantilly, VA 20151 or fax to 703-968-0936. It is imperative that we receive your current information for our file.

Exhibit "B"

Pet Information

Dog:	Yes – Number:	No			
Cat:	Yes – Number:	No			
Breed/Weight:	_	_			
Breed/Weight:		-			
Vehicle Information					
Make/Model::_		License #	_		
Make/Model::_		License #	_		
Make/Model::_		License #	_		
Make/Model::_		License #			