

MEADOW CREEK CONDOMINIUMS
RENTAL INFORMATION

Please provide the following information each time you sign a lease with a renter, either with a new renter who is moving in or with a renter who is renewing their lease with you.

UNIT: Building Number (Street Address)_____ Unit Number_____

RENTER INFORMATION:

<u>Full Name (include middle initial)</u>	<u>Work Phone No.</u>	<u>Vehicle License*</u>
Adult Residents _____	_____	_____
_____	_____	_____
_____	_____	_____

* Please include state in which license plate issued. *Example: Minnesota 376-MSP*

Residents Under 18 Years of Age _____

Home Phone No. (if available) _____

Term of Lease (Example: one year, six months, month-to-month) _____

Monthly Rent: Unit \$ _____ Garage \$ _____ Unit & Garage (if applicable) \$ _____

Lease Start Date _____ Lease End Date _____

RENTAL/MANAGEMENT INFORMATION:

Unit Rented by _____ Phone No. _____

Company Name (if applicable)

Managed by _____ Office Phone No. _____

_____ After Hours Phone No. _____
Company Name (if applicable)

Form Prepared by _____ Date _____

Please mail to: Meadow Creek, 823 Old Settlers Trail, Suite 101, Hopkins, MN 55343, or fax to: 952-935-9269.

Thank you.