

MEADOW CREEK CONDOMINIUMS
Investor Owner Information

UNIT: Building Number (Street Address) _____ Unit Number _____

OWNER INFORMATION

Name _____

Address _____

Work Day Phone Number _____

Evening/Weekend Phone Number _____

Cell Phone Number _____

RENTAL/MANAGEMENT INFORMATION

Leasing Agent _____ Phone No. _____

Company Name & Address

Unit Manager _____ Office Phone No. _____

Company Name & Address

After Hours Phone No. _____

Form Prepared by _____ Date _____

RENTAL LICENSE

I certify that this unit is licensed by the City of Hopkins: _____
Signature

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

Thank you.