



Casa Village Condominium Association

c/o Personalized Association Management, LLC
5217 Roanoke Drive
Weldon Spring, Missouri 63304-7886
Phone: 636-477-7622 | Fax: 636-477-7623



SELLING & LEASING FORM

I/We the undersigned, being all of the true owner(s) of record of the unit known and numbered as _____ of Casa Village Condominiums, Arnold, Missouri, 63010, and in compliance with the Condominium Declarations, do hereby notify the Executive Board Members of my/our intention to sell/lease said unit to _____ according to the terms of the Sale Contract/Lease Agreement attached hereto.

If Renting or Leasing, I/We (the unit owner(s)) acknowledge that we remain responsible for any violations of the Association’s Declarations, By-Laws, and Resolutions by the tenant(s) for as long as the lease is in force. Any fines associated with these violations are the liability of the unit owner(s) of record.

Signature of Sales Agent	Date	Signature of Current Owner	Date
Agent’s Company	Phone #	Signature of Current Owner	Date

I/We, the Purchaser(s)/Tenant(s,) state that I/we have read the Casa Village Condominium Declarations, By-Laws, and Resolutions, and we agree to abide by the rules and regulations set out therein as well as any future rules or regulations established by the Executive Board. I/We hereby also agree that any lease of the unit incorporates such provisions and that a violation of such the Casa Village Condominium Declarations, By-Laws, or Resolutions is a violation of the lease agreement. I/We, the undersigned, agree that the Association can act as agent for the unit owner(s) in the event that the tenant(s) violate(s) any of the requirements of the Declarations, By-Laws, and Resolutions of the Condominium Association to terminate the lease and to file suit to evict the tenant(s) on behalf of the unit owner(s) if the unit owner(s) fail(s) to do so after receiving notice from the Executive Board. I/We also certify that the information contained on the Owner/Tenant Information form attached hereto is complete and true.

Signature or Purchaser/Tenant	Date	Signature of Purchaser/Tenant	Date
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HOMEOWNER/TENANT INFORMATION FORM

OWNER INFORMATION

Last Name		First Name	
Property Address			
City	State	Zip	
Billing Address (if different)			
City	State	Zip	
Home Phone	Mobile Phone	Work Phone	
Email Address			
Employer Name & Address			

TENANT or RESIDENT INFORMATION (persons living at the unit)

Last Name		First Name	
Last Name		First Name	
Last Name		First Name	
Last Name		First Name	
Vehicle #1 Make	Vehicle #1 Model	Vehicle #1 License	
Vehicle #2 Make	Vehicle #2 Model	Vehicle #2 License	
Vehicle #3 Make	Vehicle #3 Model	Vehicle #3 License	
# of Pets and Type			

EMERGENCY CONTACT INFORMATION

Last Name		First Name	
Home Phone	Mobile Phone	Work Phone	

CONDOMINIUM UNIT OWNER'S INSURANCE INFORMATION (HO6 Policy)

Insuring Company	Agents Name	Policy #
Agency Address		
City	State	Zip
Phone	Fax	Email Address

MORTGAGE INFORMATION

Primary Mortgage Company	Telephone Number
Secondary Mortgage Company	Telephone Number

Mail or Fax completed form to the address above, or scan and email to smillerkumar@pam2007.com