



Assurance Realty & Property Management

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Information Update Sheet (2023) The Oaks Condominiums Of Lexington

Unit # _____ Has your Contact Information Changed? Yes ___ No ___

Owners Name: _____ Spouse _____

Owners Mailing Address _____

Owners Contact Phone Numbers:

Home: _____ Cell: _____ Work _____

Place of employment _____

Email Address: _____

Vehicle Make/Model/Year: _____ License Plate _____

Vehicle Make/Model/Year: _____ License Plate _____

How do you prefer to be contacted? ()Phone ()Email ()Text

Emergency Contact Name & Phone Number: _____

Is you condo currently leased or occupied by someone other than yourself?

()Yes ()No If Yes, please provide the information below:

(Include copy of Lease agreement and Renters Insurance Certification)

Occupant(s) Name: _____

Phone: _____ Email: _____

Vehicle Make/Model/Year: _____ License Plate _____

Occupant(s) Name: _____

Phone: _____ Email: _____

Vehicle Make/Model/Year: _____ License Plate _____

Occupant(s) Name: _____

Phone: _____ Email: _____

Vehicle Make/Model/Year: _____ License Plate _____

Mandatory:

Have you provided an updated key to management?

()Yes ()No If no, please provide a key to management with the return of this form. In addition, please attach a copy of your Home Owners insurance.

Access keys are to be used only in the event of an emergency or at your request.