



Chateau Claire Condominiums

Date: July 22, 2023

Chateau Claire Condos

Unit Number: _____ (please fill in)

Owner name: _____ (please fill in)

Owner Phone Number and Email address: _____ (please fill in)

Check applicable boxes:

Owner occupied: _____ Yes ___ No, long term renter _____ No, short term rental

If Long Term Rental, name of renter and contact information: _____

If short term rental, provide copy of Town of Dillon Permit: _____

Expiration Date of Lease and provide copy of: _____

Please confirm that SRG has copy of Key _____

Please acknowledge understanding that _____
long term and short terms renters may not have pets

Please acknowledge understanding that _____
Chateau Claire is a Non-Smoking property

Please confirm that you are willing to share your contact information in Chateau Claire Owner's Directory

_____ (Yes / No)