

**Change of Address/Phone Number
Unit Owners Only**

In order to maintain the most current owner information, please return this form to the management office as soon as possible.

Date: _____

Parkside Unit Address: _____ Unit #: _____

Name of Owner(s): _____

I am a (check all that apply):

Resident Owner Non-resident Owner* In-Unit Member

*Non-resident Owner Address: _____

Phone Numbers: Work: (____) _____ Home: (____) _____

Cell: (____) _____ E-mail address**: _____

**Providing your email address authorizes the Council of Unit Owners of Parkside Condominium to provide notice of relative Association business and to deliver information to you by electronic transmission in accordance with Section 11-139.1 of the Maryland Condominium Act.

If applicable, name and phone number of managing agent: _____

Additional pertinent information:

