

WPO Homeowner's Data Form

Please mail, fax or E-mail our office:

Winterplace at Okemo
P.O. Box 200
Ludlow, VT 05149

Phone: 802-228-4934, Fax: 802-228-2854
winterplacecoa@gmail.com

Unit # _____

Date: _____

Name: _____

Name: _____

Correspondence Mailing Address

Street: _____

City: _____

State / Zip code: _____

Phone Numbers

Home: _____

Home: _____

Work: _____

Work: _____

Cell # _____

Cell#: _____

E-mail address: _____ E-mail address: _____

Winterplace Unit Phone: _____

E-mail address: _____

Condominium Insurance Agent _____

Phone: _____

Condominium Insurance Company: _____

Rental Agent Used (if any) : _____

Dog(s) Yes No

Name(s) _____, _____

Owners' Vehicle Information:

Owner's # 1 _____

Owner's # 2 _____

Vehicle Make: _____

Vehicle Make: _____

License Plate: _____

License Plate _____

State: _____

State: _____

(Note: You are allowed 2 vehicles at any one time per unit.) Guest Passes are issued through the office.