

**VACANT UNIT CONTACT INFORMATION FORM  
WABEEK FAIRWAYS WEST NO. 2**

Co-Owner Name: \_\_\_\_\_

Co-Owner Unit Address: \_\_\_\_\_

Co-owner's Designated Representative contact information:

Representative Name: \_\_\_\_\_

Representative Home Phone number: \_\_\_\_\_

Representative Cell Phone number: \_\_\_\_\_

Co-Owner Destination Address: \_\_\_\_\_

Co-Owner Destination Phone Number: \_\_\_\_\_

Start date of vacancy: \_\_\_\_\_

Estimated return date: \_\_\_\_\_

**Co-owner verifies that the Unit is prepared in compliance with Wabeek Fairways West II  
Condominium Association Vacant Unit Policy:**

Co-owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_