Spencer's Crest Condominium Association P.O. Box 1274 Columbia, MO 65205

	202	4 Ann	ual Cens	us Form	
** A fillable version of this form QR code to fill the form out fro	is availabl m your mo	le at <u>www.spend</u> bile device.**	<u>cerscrest.org</u> for elect	ronic submission OR use the p	rovided
Unit Address:	et #	Unit #	Street Name		
Owner Name(s):					
Owners Address (if differ	ent from	property add	lress):		
Owner Contact Phone No (Home) (Cell)			i) r)		
EMAIL ADDRESS:					
Occupant(s):		RELATIONSHIP TO	OOWNER	CONTACT PHONE NUMBER	
Person(s) Who Signed L	ease/Rer	ntal Agreeme	ent, If Leased:		
Expiration Date of Lease	:				
Occupant(s) Vehicles		COLOR		LICENSE #	
Cable/Satellite Provider:					
Pet(s) ANIMAL TYPE	DESC	RIPTION			
Insurance Carrier:		Ag	gent:	Policy #:	

Do you have a Loss Assessment Endorsement on your policy as recommended? YES or NO

- For owner occupied units, this report is due by **JANUARY 31, 2024.** For leased units, this report is due by **JANUARY 31, 2024** <u>AND</u> within 60 days after a new lease is signed.
- Non-compliance will result in a \$50.00 non-negotiable fine.