



CONDOMINIUM
PROJECT, INC.

NEWCOMER ORIENTATION TOUR

DATE: _____

SCHEDULED BY: _____

OWNER _____ or RENTER _____

NEWCOMER _____ UNIT NUMBER _____

MOVE-IN DATE _____ LANGUAGE _____

STORAGE ROOM/BIN NUMBER _____ PARKING SPACE LEVEL/NUMBER _____

HOME NUMBER _____ OFFICE NUMBER _____

COMMENTS:

GUIDE'S SIGNATURE _____

FORM SUBMITTED TO WELCOMING COMMITTEE ON _____ BY _____