

**EXHIBIT A**  
**FAIRWINDS OF ANNAPOLIS CONDOMINIUM ASSOCIATION**

This supplemental sheet is required to be on file with each current lease of the unit listed below and is designed to provide information regarding the proper individual/organization to be contacted if there are any issues to be resolved regarding the tenancy of:

\_\_\_\_\_  
(Address of leased unit)

Name of Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Tenant(s): \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name and Address of Firm or Organization responsible for management of leased unit:

\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Agent to be contacted: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

In the event of a situation of an emergency or non-emergency nature which requires contact by Fairwinds of Annapolis Condominium Management, the individual indicated below should be contacted:

(Please Check One:)

Contact Owner:	_____
Contact Tenant:	_____
Contact Management Agent:	_____

Tenant does \_\_\_\_\_ does not \_\_\_\_\_ have a pet. If the tenant has a pet or pets, a pet registration form must be completed and submitted to the office and will be a part of the official records. Pet Registration forms can be obtained from the Association Office.

The tenant (Name) \_\_\_\_\_ currently leasing the unit at the address above, has received from the owner or owner's leasing agent, full copies of the covenants or policies of the Fairwinds of Annapolis Condominium Association and is hereby notified that such regulations must be observed during the tenancy of this unit.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

NOTE: Full copies of Fairwinds Policy Resolutions can be obtained from the Association Office for a reasonable fee.