

OWNER INFORMATION FORM

HOA NAME: _____ **Date:** _____

PROPERTY ADDRESS: _____

Primary Residence Secondary Residence Rental *(please select one)*

1. Primary Owner's Name: _____

Mailing Address: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

2. Owner's Name: _____

Mailing Address: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

3. Owner's Name: _____

Mailing Address: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

Members may elect to receive any and all Association information in electronic form, and may withdraw consent to doing so at any time by notifying Pilot Property Management, Inc. in writing.

Members have the legal right to choose to receive any and all communications on paper.

I agree at this time to receive any and all communications from my association's management company in electronic form.

I do not agree at this time to receive any and all communications from my association's management in electronic form.

EMERGENCY CONTACT INFORMATION

Please provide point of contact for the event of an emergency in which we can not reach the owners.

Name: _____ Phone: _____ Email: _____

TENANT INFORMATION

1. Tenant's Name: _____ Phone: _____

Lease Start Date: _____ Email: _____

2. Tenants Name: _____ Phone: _____

Lease Start Date: _____ Email: _____

VEHICLE INFORMATION

1. Make/Model: _____ Color: _____ License No.: _____

2. Make/Model: _____ Color _____ License No.: _____

PET INFORMATION

1. Type/Breed: _____ 2. Type Breed: _____

RENTAL PROPERTY MANAGEMENT COMPANY INFORMATION

Company/ Name: _____ Phone: _____

Address: _____ Email: _____