

INFORMATION FORM

Green Valley Desert Hills No. 5 INC. Home Owners Association

DATE: _____

LOT: _____

PROPERTY ADDRESS: _____

OWNER INFORMATION:

NAME(s) _____

PHONE NUMBERS: Main: _____ Alternate: _____

Mobile: _____ Alt. Mobile _____

E-MAIL ADDRESSES: Main: _____

Alternate 1: _____

Alternate 2: _____

MAILING (BILLING) ADDRESS:

(If different from property address)

Residency: Full-Time _____ Part-Time _____ Rental _____ Other _____

If part-time, which months is the property occupied? _____

If rental and managed by an agency, complete Property Manager Section below.

ALTERNATE CONTACT INFO: (Person(s) to be contacted when Owners are unavailable)

Alt Contact 1: Name: _____

Phone: _____

Email: _____

Alt Contact 2: Name: _____

Phone: _____

Email: _____

PROPERTY MANAGER : Company: _____

Agent: _____

Contact Information:

Other information
you may wish to
furnish:
