TERRENO

BY DiVOSTA®

OWNER INFORMATION FORM

Please complete the following information and return to the HOA office. This information is needed for our records so that we may provide you with the best service possible. Thank you!

Owner(s) Name: _____

Owner(s) Name: _____

Local Street Address: _____

Local Telephone: _____

Cell Phone: _____

Email: _____

Email:_____

Alternate Mailing Address: (for all correspondence)

_____

_____

Alternate Telephone: _____

Are you a part-time Resident? _____ No _____ Yes

If yes, indicate months of local residence:
From: _____ To: _____

Person(s) to be notified in case of an emergency (relative, friend, neighbor, or home watch):

Name: _____
Phone: _____

Signature: _____ Date: _____