



PROPERTY OWNER INFORMATION SHEET

Association Name _____ Date of Ownership _____

Owners Name _____ Unit _____
last first

Property Address _____

Billing Address (if different) _____

Home Phone _____ Work Phone _____ Cell _____

Occupation _____ Will you use these skills to assist the Association? _____

Pets? Yes No Type/description/name: _____
Please circle one

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Mortgage Company _____ Loan Number _____

Mortgage Company Phone _____

Is Unit Owner Occupied? Yes No If unit is leased, please complete the following:
Please circle one

Tenant Name _____ Number of occupants _____

Home Phone _____ Work Phone _____ Cell _____

Is Tenant allowed to request work in the name of the Owner? Yes No
Please circle one

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Other Information/General Comments (Please do not use to submit work orders)

Return form to P.O. Box 810552 Dallas, TX 75381-0552 or Fax to 972-406-9068