

# **Owner Information Form**

(Please Print)

Name of Owners' Association: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address, if different from the property address: (All mailings will be sent to this address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Work\_\_\_ Home\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Nighttime Phone: (\_\_\_\_\_) \_\_\_\_\_ Work\_\_\_ Home\_\_\_

**Property:** Primary Residence  Second Home  Leased/Rented  Vacant

## **Tenant Information**

Tenant Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Nighttime Phone: (\_\_\_\_\_) \_\_\_\_\_

## **Emergency Information**

The following information is requested in the event an emergency occurs and the owner cannot be reached.

Name of person to contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Thank you** for returning this form to Commonwealth Property Management, 9062 Brooks Road South, Windsor, CA 95492. Or, you may fax this completed form to (707) 687-2588. This information will be kept strictly confidential and will not be given or sold to individuals, companies or governmental agencies.

**Account#** \_\_\_\_\_ **CPM Enter Date:** \_\_\_\_\_