

ASHFORD GLEN HOMEOWNERS' ASSOCIATION

c/o



OWNER/TENANT INFORMATION

Please note that this information is Confidential and for the Board & Management use only.

The Association will not publish or share this information with anyone.

OWNER(S) NAME(S): _____

UNIT ADDRESS: _____

BILLING ADDRESS: _____
(IF DIFFERENT FROM UNIT ADDRESS)

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

The following information is required in order to effectively protect your property, possessions and that of all of our owners; although very important, this information is not required by statute:

PET(S): 1) Dog: ____ Cat: ____ Type (Breed): _____ Color(s): _____

2) Dog: ____ Cat: ____ Type (Breed): _____ Color(s): _____

If none, check here.

VEHICLE(S): 1) Color, Make, & Model _____ License # _____

2) Color, Make, & Model _____ License # _____

3) Color, Make, & Model _____ License # _____

If none, check here.

EMERGENCY CONTACT NAME: _____ PHONE: _____

Must be able to provide access to your unit for emergency entry

Please note that this form is to be completed in its entirety in order to prevent the Association from re-requesting the information. Providing partial or no information within the required 30 days of receipt may result in the Board taking any and all action within their means to elicit compliance of the request for information. Thank you in advance for your timely response.