

# SPRINGHILL RESERVE HOMEOWNERS CONDOMINIUM

c/o



## OWNER/OCCUPANT(S) INFORMATION

OWNER(S) NAME(S): \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
*IF DIFFERENT THAN UNIT ADDRESS*

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**The following information is required in order to protect your property/possessions and that of all of our owners:**

PET(S) 1) Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Type (Breed): \_\_\_\_\_ Color(s): \_\_\_\_\_

2) Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Type (Breed): \_\_\_\_\_ Color(s): \_\_\_\_\_

If none, check here.

VEHICLE 1) Make & Model \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

2) Make & Model \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

3) Make & Model \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

4) Make & Model \_\_\_\_\_ COLOR: \_\_\_\_\_ 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 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.*