



HOMEOWNER INFORMATION FORM

PLEASE PRINT CLEARLY- **CONFIDENTIAL INFORMATION-NOT TO BE DISTRIBUTED**

Date: _____

Homeowner's Names: _____

Property Address: _____

Preferred Mailing Address: (if different than property)

*This is the address which all correspondence will be delivered. If you do not specify a mailing address, all correspondence will be sent to the property address. **Only one mailing address is allowed.** Homeowner is responsible for their document management.*

City State Zip

Owner's Contact Information:

_____|_____
(Phone) (Alternate Phone)

(E-Mail Address)

Authorization to receive electronic correspondence regarding the Association Yes No

Check One: Primary Residence Second Home Rental (If rented, complete Tenant Information)

Tenant Information: *** **Please submit a copy of the current lease to Prime Community Management** ***

Tenants' Names: _____

Tenant Contact Information:

_____|_____
(Phone) (Email Address)

_____|_____|_____
(Property Manager) (Property Manager Phone) (E-Mail Address)