

SCOTTSBOROUGH TOWNHOMES HOMEOWNERS ASSOCIATION
Owner Information Form

UNIT ADDRESS _____

OWNER NAME(S) _____

MAILING ADDRESS _____

HOME TELEPHONE NO. _____

WORK TELEPHONE NO. _____ CELL _____

E-MAIL/FAX _____

TENANT INFORMATION: *(If applicable)*

NAME: _____

HOME TELEPHONE: _____

WORK TELEPHONE NUMBER(s): _____

This is a Second Home (check if applicable)

RESIDENT DATA:

Number: Adults _____ Children _____

PETS:

Feline: _____ Canine: _____

Names: _____ Names: _____

VEHICLE INFORMATION: (Register all vehicles which will be parked at the complex)

(1) Make/Year _____ Color _____ Lic. # _____

(2) Make/Year _____ Color _____ Lic. # _____

(3) Make/Year _____ Color _____ Lic. # _____

Person to contact in case of emergency: **(Do not list yourself or spouse)**

Name: _____ Phone: _____ Relationship: _____

INSURANCE INFORMATION: (Your individual policy, not Association policy)

Name of Insurance Company: _____

Policy # _____

Agent (Name & Phone Number): _____