

NORTHERN TERRACE HOMEOWNERS ASSOCIATION

P.O. Box 400518

Las Vegas, NV 89140

Phone (702) 531-3382 • Fax (702) 531-3392

Homeowner's Information:

Homeowner's First Name: _____
(Please Print)

Homeowner's Last Name: _____
(Please Print)

Property Address: _____
Street City/State Zip

Telephone: (____) _____ Other Telephone: (____) _____

E-mail Address: _____

*Please note that by entering an e-mail address it will be added to your account to receive e-mail notification when a payment is posted to your account. You will also be e-mailed with a password to login to our website and update your user settings.

_____ Initial here if you wish to opt in to email only.

You will not receive most information by mail. (Notices, statements, or other correspondence from the Association may distributed by email per NRS)

Mailing Address: (if different from property address)

Street City/State Zip

Property Manager's and Tenant's Information (If Applicable):

Please contact Management for Property Management and/or Tenant Authorization Forms to provide them with access to speak with Management as well as property information.

Company Name: _____ Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Phone: _____

Tenant's Name: _____ Phone Number: (____) _____

Pet Information

Type: _____ Breed: _____ Color: _____

Type: _____ Breed: _____ Color: _____

Type: _____ Breed: _____ Color: _____

Type: _____ Breed: _____ Color: _____

Owner's Signature: _____ Date: _____