

RIO DEL SOL NEW OWNER CONTACT & CHANGE OF INFORMATION FORM

Date_____

Unit #_____

Name of new legal Owner:

Last Name:_____ First Name_____ MI_____

Mailing address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell:_____

e-Mail address:_____

Second Owner:

Last Name:_____ First Name:_____ MI_____

Mailing address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell:_____

e-mail address:_____

Property Manager Contact

Last Name:_____ First Name:_____

Company:_____

Address:_____

City:_____ State:_____ Zip_____

Phone:_____ Cell:_____

e-mail address:_____

Emergency Contact

Last Name:_____ First Name:_____ MI_____

Mailing address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell:_____

e-mail address:_____

Do you wish to share your contact information with other owners? Yes__ No__

How do you prefer to be notified of meetings and important notices? Mail_____ e-mail_____

Send to P.O. Box 1905 Lake Havasu City AZ 86045 or e-mail to madvikingmanagement@yahoo.com