



850 Decatur Avenue North, Suite 2A
Golden Valley, MN 55427
Office 763.593.9770
Fax 763.496.1145
www.actmanagementinc.com

Owner's Name: _____

Residents Name/ Relationship to Owner: _____

Property Address:

Mailing Address (if different from above):

Home Phone: _____

Cell Phone: _____

Business Phone: _____

E-mail Address: _____

Name(s) of Occupants _____

Make, model and license number of each motor vehicle parked at property

MAKE

MODEL

LICENSE NUMBER

Emergency Contact:

Name: _____

(if owner cannot be reached)

Address: _____

City, State, ZIP: _____

Phone: _____

PLEASE RETURN TO:

ACT Management, Inc., 850 Decatur Avenue North, Golden Valley, MN 55427

Attn: Closing Specialist

Please note: **This form must be returned to our office to reflect change of ownership.** Without this information, we are unable to update our files for payment coupons or any other correspondence. Please complete and return along with a copy of the **WARRANTY DEED** and **RECEIPT OF DOCUMENTS** page included in your closing paperwork.

This information is for Association use only and is keep confidential.

March 3, 2022