

MOUNTAIN SHADOWS CONDO HOMEOWNER INFORMATION SHEET

Dear Unit Owner(s):

In an effort to update our database and to better service your needs, we need your assistance by filling out the form below. If an emergency arises, the information below will make it easier for us to reach you.

HOMEOWNER INFORMATION

Unit Owner(s): _____

Street Address: _____

Home Phone#: _____

Name: _____ **Name:** _____

Cell #: _____ Cell #: _____

Office #: _____ Office #: _____

Email: _____ Email: _____

Mailing Address: (If different from unit address)

Emergency Contact Person

Name: _____ Relationship: _____

Home #: _____ Cell #: _____

TENANT INFORMATION (If Applicable)

Name(s): _____

Home #: _____ Work #: _____

Cell #: _____ Email Address: _____

Lease Terms: From: _____ To: _____

Lease Agreement is on file with Management: ☐ Yes ☐ No

If "NO" please make sure a copy is supplied to the management office in accordance with the Association's governing documents. Please keep in mind that failure to provide Management with a copy of your lease agreement may result in fines and/or penalties.

Associa - Community Management Corporation of New Jersey
55 Lane Road, Suite 440 | Fairfield, NJ 07004
Tel: (973) 773-6262 Fax: (973) 773-4932

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VEHICLE INFORMATION

Vehicle #1

Make: _____ Model: _____

Color: _____ Year: _____

License Plate #: _____ State: _____

Vehicle #2

Make: _____ Model: _____

Color: _____ Year: _____

License Plate #: _____ State: _____

Vehicle #3

Make: _____ Model: _____

Color: _____ Year: _____

License Plate #: _____ State: _____

PET INFORMATION (If Applicable)

Do you have a pet? ☐ Yes ☐ No If yes, please continue below

Type of Pet: _____ Name of Pet: _____

Breed: _____ Color of Pet: _____

Type of Pet: _____ Name of Pet: _____

Breed: _____ Color of Pet: _____

**Please return this form to the address below or email to cnjhelp@associa.us.
Thank you for your anticipated cooperation in this matter.**