Sherwood Place
Owner Information Sheet

Date: _____

Owner 1 First Name: _____ **Last Name:**_____

Owner 2 First Name: _____ **Last Name:**_____

Physical Association Address:

City/State: _____**Zip Code:**_____

Mailing Address:

City/ State: _____**Zip Code:**_____

Email: _____

Phone:_____**Cell:** _____**Alternate:**_____

Vehicle Year:_____ **Make:**_____ **Model:**_____ **License Plate:** _____

Vehicle Year:_____ **Make:**_____ **Model:**_____ **License Plate:** _____

Owner Occupied:___ **Tenant Occupied:**___ **Vacation Home:** ___

In the event of an emergency, is there, other than indicated above, a local contact who has a key and can give access to the unit? If so:

Name: _____**Phone:** _____

****MONTHLY STATEMENTS & ASSOCIATION CORRESPONDENCE DELIVERY IS BY EMAIL ONLY UNLESS OTHERWISE REQUESTED IN WRITING BY THE HOMEOWNER ****

Homeowners Insurance Policy:

_____

Please complete and return to the Association at the address below or via email to:

Sherwood Place
c/o Paradise HOA Management
PO Box 38
Lake Havasu City, AZ 86405
or email to admin@pamlhc.com