

Property Owner Information Form

Please return by mail or email to:

Town Management
PO Box 5010, Williamsburg, VA 23188
admin@townmanagement.net
757-565-6200 Fax:757-565-6291

PROPERTY OWNER INFORMATION

OWNER NAME(s): _____

PROPERTY PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different): _____

HOME PHONE: _____

CELL PHONE(s): _____

WORK PHONE(s): _____

EMAIL ADDRESS(es): _____

HOMEOWNER'S INSURANCE COMPANY NAME, POLICY #, AGENT, CONTACT INFO: _____

IF LEASING PROPERTY, PLEASE PROVIDE A CURRENT LEASE AND TENANT CONTACT INFORMATION

TENANT NAME(s): _____

MAILING ADDRESS (if different from property address): _____

BEST PHONE NUMBER(s): _____

EMAILADDRESS(es): _____

Leasing Agent name and contact information: _____

EMAIL ADDRESS IS NECESSARY TO RECEIVE COMMUNITY UPDATES AND OTHER IMPORTANT INFORMATION.