



Cobblestone Trace Condo Association Unit Owner-Resident Information

PURPOSE: To verify residency of all Unit Owners and Tenants in accordance with the Rules and Regulations for correspondence and emergency purposes. Please complete this Homeowner-Resident Information Form and return it within 10 days of rental or purchase of new home.

TODAY'S DATE: _____

Property Address _____

Owner Name: _____

E-Mail Address: _____

Home Phone _____ Cell Phone: _____

Work Phone: _____

Additional Owner Name: _____

E-Mail Address: _____

Home Phone _____ Cell Phone: _____

Work Phone: _____

Absentee Owner - Emergency Contact Information:

Name: _____ Relationship: _____

Best Phone number to call: _____

PLEASE LIST ALL OCCUPANTS and attach a current copy of the tenant's lease if not already on file. Please be sure your tenant has received a copy of the Association's Rules and Regulations. Owners are liable for tenant violations and any fines incurred.

Tenant(s) Names:

1. _____

2. _____

*Cobblestone Trace
Condominium Association*



Tenant's Phone number(s):

1. _____
2. _____

Tenant's E-mail addresses:

1. _____
2. _____

Other Occupants/Children names

PET(S) LIVING IN PROPERTY INFORMATION: N/A

____ Dog or ____ Cat Color/Breed Weight ____ Dog or ____ Cat Color/Breed Weight

VEHICLE INFORMATION OF RESIDENT(S) ACTUALLY LIVING IN THE PROPERTY: (Vehicles not listed with the Association may be subject to towing at owner's expense)

Year _____ Make _____ Model _____

Color _____ State/Plate No. _____

Year _____ Make _____ Model _____

Color _____ State/Plate No. _____

REAL ESTATE MANAGEMENT COMPANY, IF APPLICABLE:

Company Name: _____

Contact Person: _____

Phone: _____ Cell Phone: _____

Fax: _____

Email Address: _____

Please return this form to **Atlantic Community Management Corp**, 5520 Greenwich Road, Suite 201
Virginia Beach, VA 23462 or fax to 757-473-3020 or email to (Kristine Kingsbury)
kristine@atlanticmgt.com or Cindy Mixon at cmixon4796@yahoo.com.