

OWNER INFORMATION FORM

Unit #: _____

Please check boxes next to the information that you want listed in the Regency House Directory. (The directory is distributed to owners and residents of the Regency House building.)

OWNER(S) INFORMATION

Owner Name: _____

☐ Cell Phone: _____

☐ Work Phone: _____

☐ E-mail: _____

☐ Unit Phone: _____

Owner Name: _____

☐ Cell Phone: _____

☐ Work Phone: _____

☐ E-mail: _____

If you prefer to have your monthly statement e-mailed, please provide the e-mail address:

If you prefer to have your monthly statement sent to an alternate mailing address, please provide that information:

Street Address, City, State, Zip Code

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

PET INFORMATION

of Dogs: _____ Breed(s), Color(s), Weight(s): _____

of Cats: _____ Breed(s), Color(s), Weight(s): _____

VEHICLE & BICYCLE INFORMATION

Vehicle Make, Model, Color: _____ License #: _____ -

Vehicle Make, Model, Color: _____ License #: _____ -

Vehicle Make, Model, Color: _____ License #: _____ -

Bicycle Make, Model, Color: _____

Bicycle Make, Model, Color: _____

I am interested in learning more about the following:

Board of Directors _____

Holiday Appreciation Fund Committee _____

Interior Committee _____

Regency House Book Club _____

Social Committee _____

Exterior Committee _____