

Brookview Gardens Homeowner Association

DATE: _____

If you are an owner and live on-site, please fill out the top portion of this form, only. If you are an owner and live off-site, please fill out the top portion of this form, and complete the bottom portion with the occupant's information. **This form will be kept confidential and is used by the management company and the Board of Directors for the association's records, insurance coverage, and for emergency reasons only.**

Name(s) to be on Account: _____

Association Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (If different from above) _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone #: _____ Home/Cell Phone #: _____

Email Address(es): _____

***** Would you like to receive Association mailings & updates via email? YES *****

Place(s) of Employment: _____ Work Phone No: _____

Place(s) of Employment: _____ Work Phone No: _____

Person(s) to contact in case of an emergency: _____

Phone #s: _____

Winter Address: _____

(If applicable, please contact Keller when winter address begins and ends each year)

City: _____ State: _____ Zip Code: _____

Vehicles:

Make _____ Model _____ Year _____ Plate # _____

Make _____ Model _____ Year _____ Plate # _____

Occupant Name(s): _____

Home/Cell Phone #: _____ Home/Cell Phone #: _____

Vehicles:

Make _____ Model _____ Year _____ Plate # _____

Make _____ Model _____ Year _____ Plate # _____

Please be sure to include a copy of your lease agreement, if applicable.