

Brookview Gardens Homeowners Association

DATE: _____

If you are an owner and live on-site, please fill out the top portion of this form. **If you are an owner and live off-site, please fill out the top portion of this form and have your tenants fill out the bottom portion.** Remember to include a copy of the lease with this form. 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:

Brookview Gardens Association Address: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone No: _____

Place of Employment: _____

Work Phone No: _____

Place of Employment: _____

Work Phone No: _____

Winter Address (If applicable): _____

City: _____ State: _____ Zip Code: _____

Phone No: _____

Vehicles:

Make _____ Model _____ Year _____ Plate # _____

Make _____ Model _____ Year _____ Plate # _____

Person to contact in case of an emergency: _____

Phone No: _____

Occupant(s) Name: _____

Home Phone #: _____

Daytime Phone #: _____

Vehicles:

Make _____ Model _____ Year _____ Plate # _____

Make _____ Model _____ Year _____ Plate # _____