Concordia Meadows

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 complete the entire form and 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.

Date: ___ /___ /___

Name(s) to be	on Account:			
Concordia Me	eadow Address:			
Mailing Addre	ss: (If different from al	oove)		
City:		State:	Zip Code:	
Home Phone	#:			
Cell Phone #:		C	ell Phone #:	
Email address:				
Name: Place of		e of Employment:		
Work Phone N	o:			
Name:	Plac	e of Employment:		
Work Phone N	o:			
Winter Addres	s: (If applicable)			
City:		State:	Zip Code:	
Phone #:		Email:		
<u>Vehicles:</u>			ange to/from your winter	
			Plate #	
Make	Model	Year	Plate #	
Person to conf	tact in case of an em	ergency:		
			Relation:	
* * * * * * * *	* * * * * * * * * * * *	: * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * *	*****
Tenant(s) Nam	ne:			
Lease Start da	te:	Lease E	nd Date:	
Home Phone #: Daytime P			e Phone #:	
Cell Phone #:		Cell Phone #:		
Vehicles:				
Make	Model	Year	Plate #	
Make	Model	Year	Plate #	

Reminder: If rented please include a copy of the lease.