

Unit # _____

HOMEOWNER INFORMATION FORM

***ACT* MANAGEMENT, INC.**

850 Decatur Avenue North, Suite 2A, Golden Valley, MN 55427

Association Name: _____

Owner's Name: _____

Property Address: _____

Mailing Address (if different from above): _____

Owner's Home Phone #() _____ **Owner's Work Phone#** () _____

Owner's E-mail Address: _____

Name(s) of all Occupants (include Renters) _____

Number of Pets (if allowed): _____

Make, Model and License Number of each Motor Vehicle:

<u>MAKE</u>	<u>MODEL</u>	<u>LICENSE NUMBER</u>

EMERGENCY CONTACT: Name: _____

(if owner cannot be reached) Address: _____

City, State, ZIP: _____

Home Phone _____ (Work / Cell) _____

RENTAL UNITS (if allowed): please complete the information below and include a Copy of the signed Lease Agreement for Association records.

Renter's Name: _____ Term of Lease: _____

Renters Home Phone: _____ Work / Cell Number _____

PLEASE RETURN TO: ACT Management, Inc.
850 Decatur Avenue North Suite 2A
Golden Valley, MN 55427-4324