

HOMEOWNER INFORMATION FORM



Association _____

850 Decatur Avenue North, Suite 2A
Golden Valley, MN 55427
Office 763-593-9770
Fax 763-593-9578
www.actmanagementinc.com

Owner's Name: _____

Property Address: _____

Mailing Address (if different from above): _____

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

Owner's E-mail Address: _____

Name(s) of all Occupants: _____

Number and Type of Pets: _____

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: _____

Phone:(home) _____ (wk/cell) _____

PLEASE RETURN TO: ACT Management, Inc. Phone: 763-593-9770
850 Decatur Avenue North Suite 2A Fax: 763-593-9578
Golden Valley, MN 55427-4324

Please Note:

If this form is not returned, our files will not be updated to reflect a change in ownership. Therefore, a coupon book will not be sent to you for association fees and you may incur late fees and legal fees.

This form should be mailed either with the closing paperwork, Warranty Deed, and the Receipt of Documents or your first payment.

This information is for Association records only and will be kept CONFIDENTIAL.