

**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 (include Renters)** \_\_\_\_\_

**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) \_\_\_\_\_

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

Renter's Name: \_\_\_\_\_ Term of Lease: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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