

HOMEOWNER INFORMATION REQUEST

Please complete and return to our office

Date: _____

NAME(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (if different from property): _____

EMAIL: _____

CELL: _____ HOME: _____ WORK _____

EMERGENCY CONTACT: _____

LIST ANY PETS IN YOUR HOME AND COMPLETE THE PET REGISTRATION FORM.

VEHICLES AT PROPERTY: COLOR / MAKE/MODEL / LICENSE PLATE FOR EACH:

ARE YOU RENTING YOUR HOME _____ YES _____ NO

If yes, please list the names, phone number & Email for your tenants _____

WOULD YOU LIKE TO BE INCLUDED IN THE HOMEOWNER DIRECTORY FOR YOUR ASSOCIATION? THIS WOULD INCLUDE: HOMEOWNERS NAME, ADDRESS AND PHONE NUMBER _____ YES _____ NO

PLEASE LIST ANY MAINTENANCE/REPAIRS OR NEEDS FOR SERVICE PROVIDED BY THE ASSOCIATION AT THIS TIME: _____

***PLEASE EMAIL COMPLETED FORM TO: LISA@MYPMMP.COM OR MAIL TO:**

**PROPERTY MAINTENANCE & MANAGEMENT PARTNERS (PMMP)
2570 RICE STREET — LITTLE CANADA, MN 55113
INFO@MYPMMP.COM — WWW.MYPMMP.COM — 651.487.3708**