

GENERAL INFORMATION FORM

The Association Board of Directors is asking that you complete this form and return to our office. This information will be used for Association purposes only, such as emergencies at your property or if we need to notify you about maintenance activities near your home

ASSOCIATION

Name of Homeowner Association

Lot / Unit Address

Owner's Name

Owner's Name

Work Phone

Work Phone

Home Phone

Home Phone

Cell Phone

Cell Phone

Mailing Address

Mailing Address

Email

Email

Property will be used as *(please check one)* Primary Residence Second Home Rental Unit

If a Rental Unit

Occupant's Name

Occupant's Name

Work Phone

Work Phone

Home Phone

Home Phone

Cell Phone

Cell Phone

Email

Email

(Please complete section below)

If a rental company manages unit, please provide their information

Name

Phone

Fax

Email

If any adults in the family are interested in serving on any of the following, please check the box.

Board of Directors Architectural Review Board Neighborhood Watch Special committees

Please return by mail or fax to:
Armstrong Community Management
PO Box 871 Visalia, CA 93279
(559) 697-0349 Fax