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# SUNRISE AT PARKHILL, INC. HOMEOWNERS ASSOCIATION

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## CONFIDENTIAL RESIDENT INFORMATION

Please complete and return the following information.

PROPERTY OWNER'S NAME: \_\_\_\_\_  
LAST FIRST

PROPERTY OWNER'S NAME: \_\_\_\_\_  
LAST FIRST

E-mail \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER'S TELEPHONE #'s: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME BUSINESS

OFF-SITE ADDRESS: \_\_\_\_\_  
(if applicable)

If you are leasing/renting your home, please list the names of all tenants, and include the phone numbers where they can be reached.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Please provide resident's vehicle information for the people who live in the home:

<u>YEAR</u>	<u>MAKE &amp; MODEL</u>	<u>VEHICLE LICENSE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS PROPERTY (check one):  OWNER-OCCUPIED  LEASED TO A TENANT

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Check One:  UPDATE INFORMATION  NEW OWNER INFORMATION