

PROPERTY CONTACT INFORMATION

Property Name: _____ Address: _____

Contact Information: *(Please **print** clearly or type information submitted)*

Designated Owner: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Vested Owner *(of real property):* _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Individual with Signing Authority *(if different):* _____

Management Company: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Portfolio Manager: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

On-site Manager: _____

Mailing Address *(Street, City, State, Zip):* _____

Street Address *(if different) (Street, City, State, Zip):* _____

Contact Email: _____ Phone # _____ Fax# _____

Party responsible for correspondence with this office (check one): Owner Management Agent

Property Contact Information form completed by:

Print Name: _____

Organization: _____

Signature: _____

Date: _____