

1. ASSOCIATION INFORMATION

ASSOCIATION NAME			
NAME OF MANAGEMENT COMPANY FOR ASSOCIATION			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER		FAX NUMBER	
ACCOUNT NUMBER		MONTHLY MAINTENANCE FEES	
CONTACT PERSON		PHONE NUMBER	

UTILITIES INCLUDED IN ASSOCIATION DUES (check all boxes that apply)

<input type="checkbox"/>	Water	<input type="checkbox"/>	Electric
<input type="checkbox"/>	Trash	<input type="checkbox"/>	Cable
<input type="checkbox"/>	Gas	<input type="checkbox"/>	Other:

SERVICES PROVIDED BY ASSOCIATION

<input type="checkbox"/>	Gardening Service	Front only	Other (specify):
<input type="checkbox"/>	Roof Repair	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Other:

AMENITIES / SERVICES PROVIDED BY ASSOCIATION

<input type="checkbox"/>	Pool	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Spa	<input type="checkbox"/>	Ball courts	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Clubhouse	<input type="checkbox"/>	Tot lots	<input type="checkbox"/>	Other:

PARKING INFORMATION

Carpport or space numbers:			
If garage is not attached, please provide location and/or garage number:			
Are there any guest parking passes?	YES	NO	If yes, how many guest passes are allowed per unit?

MAILBOX INFORMATION

Mailbox location:	Mailbox number:
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2. SECOND ASSOCIATION INFORMATION (if applicable)			
ASSOCIATION NAME			
NAME OF MANAGEMENT COMPANY FOR ASSOCIATION			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER		
ACCOUNT NUMBER	MONTHLY MAINTENANCE FEES		
CONTACT PERSON	PHONE NUMBER		
UTILITIES INCLUDED IN ASSOCIATION DUES (check all boxes that apply)			
<input type="checkbox"/>	Water	<input type="checkbox"/>	Electric
<input type="checkbox"/>	Trash	<input type="checkbox"/>	Cable
<input type="checkbox"/>	Gas	<input type="checkbox"/>	Other:
SERVICES PROVIDED BY ASSOCIATION			
<input type="checkbox"/>	Gardening Service	Front only	Other (specify):
<input type="checkbox"/>	Roof Repair	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Other:
AMENITIES / SERVICES PROVIDED BY ASSOCIATION			
<input type="checkbox"/>	Pool	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Spa	<input type="checkbox"/>	Ball courts
<input type="checkbox"/>	Clubhouse	<input type="checkbox"/>	Tot lots
<input type="checkbox"/>		<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	Other:
PARKING INFORMATION			
Carport or space numbers:			
If garage is not attached, please provide location and/or garage number:			
Are there any guest parking passes? YES NO If yes, how many guest passes are allowed per unit? _____			
MAILBOX INFORMATION			
Mailbox location:		Mailbox number:	

SPECIAL INSTRUCTIONS

FOR OMG OFFICE USE ONLY
