



Apartment Num. _____

OWNER INFORMATION REGISTER

Owner's Names:

Owner A: _____

Owner B: _____

Mailing Address:

Contact Information: The following contact details will be used by the Administration for official communications, including but not limited to phone calls, WhatsApp messages, text messages, emails, emergency notifications, assembly notices, and virtual meeting coordination.

Phone: _____ **Alternate Phone:** _____

Email: _____

Account Statements, Assemblies Calls and Assemblies Agreement Notifications will be send by email at the provided email address. If you wish to receive your account statements and assemblies notices at your apartment door or by regular mail (may include a handling fee per mailing), please mark corresponding option below. **If you want to receive them by email you don't need to mark anything.**

Instead of by email, I want to receive my statements and assemblies documents at (by):

Apartment Door

Regular Mail

Please list a family member **who does not live with you** and can be contacted in case of emergency:

Name: _____ Phone: _____

Property Use: Primary Residence Rented Vacant

Vacation Use (Second Home)

For Insurance Billing Purposes:

Is the apartment mortgaged? Yes No

If yes, name of mortgage bank: _____

Loan number: _____

Owner's Signature

Date: _____

******* TO COMPLETE YOUR FILE WE NEED: *******

____ Owner's Registry Form ____ Copy of Your Apartment Deed

____ Rental Agreement Document