

**RYDAL GREEN COMMUNITY ASSOCIATION
OWNER INFORMATION SHEET**

Date: _____

Please note that this form must be completed and returned to the management office within fifteen (15) days of receipt. This information will not be made available to the public. Please also include your email address as this may allow you to receive important information regarding the community more quickly. Thank you for your cooperation in this matter. Please return to The Galman Group via mail, fax or email.

Mail P.O. Box 646, Jenkintown, PA 19046 **Email** dtoliver@galmangroup.com **Fax** 267-620-1447

Name _____ Unit # _____

Mailing Address: _____

Home #: _____ Fax #: _____

Email #1 _____ Email #2 _____

Work#/Name: _____ Work#/Name: _____

Cell#/Name: _____ Cell#/Name: _____

Household/Resident information:

Please list other residents

Type/number of pets Dog Cat Other _____

Vehicle Information:

Make	Model	Color	License

Emergency Contact (Name & phone number)

Name: _____

In order to have your name and phone number in the entry gate system, please provide the name and phone number you would like to have associated with the system:

Name: _____ Phone # _____