

INDIAN VALLEY MEADOWS 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.



P.O. Box 646, Jenkintown, PA 19046



ysewell@galmangroup.com



267-620-1452

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 (if children, indicate child's age)

Special instructions: _____

Vehicle Information:

Make	Model	Color	License

Emergency Contact (Name & phone number)

Name: _____

*****IF YOU ARE CURRENTLY RENTING YOUR UNIT, PLEASE COMPLETE THE INFORMATION BELOW AND SEND A COPY OF THE LEASE *****

Tenant's Name _____ Lease expiration: _____

Home Phone # _____ Cell Phone # _____

Email _____