

**COURT AT HENDERSON II CONDOMINIUM ASSOCIATION
OWNER INFORMATION SHEET**

Date: _____

This form **MUST** be completed and returned to the management office within ten (10) 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 or fax.

Mail P.O. Box 646, Jenkintown, PA 19046 **Email** ysewell@galmangroup.com **Fax** 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

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 _____