

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. 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



jhauer@galmangroup.com



215-572-7061

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 _____

Emergency Contact (Name & phone number)

Name: _____

Vehicle Information:

Make	Model	Color	License

Please indicate how you would like to have your name(s), phone numbers and email listed in the directory provided to the homeowners:

NAME: _____ PHONE: _____

EMAIL: _____

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 # _____