

# WOODMONT 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.

**Mail**

P.O. Box 646, Jenkintown, PA 19046

**Email**

jhauer@galmangroup.com

**Fax**

215-572-7061

Name \_\_\_\_\_

Unit Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Cell# 1: \_\_\_\_\_

Cell# 2: \_\_\_\_\_

**Household/Resident information:** Please list other residents (if children, indicate child's age)

\_\_\_\_\_

**Emergency Contact (Name & phone number)**

Name: \_\_\_\_\_

**Vehicle Information:**

Make	Model	Color	License

**\*\*\*IF YOU ARE CURRENTLY RENTING YOUR UNIT, PLEASE COMPLETE THE INFORMATION BELOW**

**AND SEND A COPY OF THE LEASE \*\*\***

Tenant's Name \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_