

STONY RIDGE

Co-owner Information Request

To maintain accurate records, we would appreciate it if you would complete the following form. It would be helpful to indicate your phone number(s) and emergency contacts (a friend, relative, or neighbor) who could be contacted in the event of an emergency if you are not available. Example: flooded basement, building electrical outages, fire, etc. Please mail this form back with your monthly assessment payment. Thank you.

Unit # _____
Unit Address _____

Owner(s) Name(s) _____

Owner(s) Address _____
(If different from Unit Address)

City _____ State _____ Zip Code _____

Owner(s) Home Phone # () _____

Owner(s) Work Phone # () _____

Owner(s) Pager # () _____

Owner(s) Cell # () _____

Owner(s) E-mail Address _____

1st Emergency Contact Person: _____

Name

Emergency Contact Person Phone # () _____

() _____

Relationship _____ **Key Holder:** Yes _____ No _____

2nd Emergency Contact Person _____

Name

Emergency Contact Person Phone # () _____

() _____

Relationship _____ **Key Holder:** Yes _____ No _____

Note: If you do not occupy the unit please give us the name(s) and phone number(s) of the occupant(s).

Occupant(s) Name(s) _____

Phone Number(s) _____ Cell
_____ Home
_____ Work