



**Homeowner Information Request Form**  
Client Services Division

Welcome to RMI Management! Please complete and return this form to the corporate address or fax at the bottom of this page. This will ensure that management has the correct information for contacting you regarding your community association.

**Association/Community:** \_\_\_\_\_ **Property Address:** \_\_\_\_\_

**Homeowner's Name:** \_\_\_\_\_ **Co-owner's Name:** \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_ **Tenant Telephone Number:** \_\_\_\_\_

**Property Manager:** \_\_\_\_\_ **Manager's Telephone Number:** \_\_\_\_\_

\*To authorize either the tenant or the property manager to obtain association information, collateral or property, please complete an RMI Information and Property Release Form.

**Please change my mailing address to:**

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

\_\_\_\_\_

City State Zip

**Please Send Coupons/Statements?**  Yes  No

Please indicate your contact numbers below, including which numbers should be utilized for Non-Emergency situations and Emergency situations (one or both may be selected for any telephone number provided). This contact information will be utilized by management to notify you of situations within your community.

**OWNER'S CONTACT INFORMATION:**

**Home phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Cell phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Work phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Other phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Email address:** \_\_\_\_\_

**CO-OWNER'S CONTACT INFORMATION:**

**Home phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Cell phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Work phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Other phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Non-Emergency  Emergency

**Email address:** \_\_\_\_\_

**Owner's/Co-Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INTERNAL USE ONLY**

\_\_\_\_\_ **Red Rock Financial Services Notified of Address Change.**

RECEIVED: \_\_\_\_\_ ENTERED: \_\_\_\_\_ BY: \_\_\_\_\_

FILE:

ASSOCIATION INITIALS

#OF PAGES

ADDRESS

General Correspondence  
DOCUMENT TYPE



a FirstService Residential Management company

**Corporate Office**

**Northern Nevada Office**

**www.rmilc.com**

■ 630 Trade Center Drive, Suite 100 Las Vegas, NV 89119

phone 702.737.8580 fax 702.737.3360

■ 6170 Ridgeview Court, Suite C Reno, NV 89519

phone 775.337.2700 fax 775.825.3705