RMI Management, LLC

Homeowner Information Request Form

PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW TO ENSURE THAT MANAGEMENT HAS THE CORRECT INFORMATION FOR CONTACTING YOU REGARDING YOUR COMMUNITY ASSOCIATION

ASSOCIATION/COMMUNITY:_____

HOMEOWNER LAST NAME:_____

HOMEOWNER FIRST NAME:_____

PROPERTY ADDRESS:_____

☐ PLEASE CHANGE MY MAILING ADDRESS TO:

_____
Last Name First Name

_____
Street

_____
City State Zip

PLEASE INDICATE YOUR CONTACT NUMBERS BELOW, RANKING BY THE ORDER YOU WOULD LIKE THEM TO BE USED, INCLUDING WHICH NUMBERS SHOULD BE UTILIZED FOR NON-EMERGENCY SITUATIONS (NE) AND EMERGENCY SITUATIONS (EM). THIS CONTACT INFORMATION WILL BE UTILIZED BY MANAGEMENT TO NOTIFY YOU OF SITUATIONS WITHIN YOUR COMMUNITY.

UNIT PHONE NUMBER: ____-____-_____ ☐ NE ☐ EM RANK: 0 1 2 3 4

CELL PHONE NUMBER: ____-____-_____ ☐ NE ☐ EM RANK: 0 1 2 3 4

WORK PHONE NUMBER: ____-____-_____ ☐ NE ☐ EM RANK: 0 1 2 3 4

OTHER PHONE NUMBER: ____-____-_____ ☐ NE ☐ EM RANK: 0 1 2 3 4

EMAIL ADDRESS:_____

SIGNATURE:_____ DATE:_____