

CENTERVILLE

COMMERCE PARK



Owner Information Form

Unit Address: _____ Centerville Turnpike Unit _____

Owner's Name: _____

Company Name: _____

Address (if different from unit): _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____ (fax) _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Tenant Information

(If you lease your unit - complete this section and submit a copy of the executed lease with this completed form)

Tenant's Name: _____

Company Name: _____

Phone: (h) _____ (w) _____ (c) _____ (fax) _____

Email address: _____

If you retain the services of a leasing agent, please list their name, company name, address, phone number and email address:

All information obtained is for Association and emergency use only and is held in strict confidence

Return completed form to the address or fax number provided below, or by email to the management team listed on our website.