

OWNER INFORMATION REQUEST

ADDRESS OF HOME IN FALL VALLEY: _____

OWNER NAME(S): _____

MAILING ADDRESS: _____

PHONE NUMBER & EMAIL

HOME: _____

WORK: _____

MOBILE: _____

EMAIL: _____

IS THIS YOUR:

_____ PRIMARY RESIDENCE

_____ 2nd HOME

_____ INVESTMENT PROPERTY (continue below)

*IF THIS IS AN INVESTMENT PROPERTY, OR IF SOMEONE OTHER THAN YOURSELF
(IE. A RELATIVE) LIVES IN YOUR UNIT, PLEASE PROVIDE THEIR INFORMATION.*

NAMES: _____

PHONE _____ EMAIL _____

RENTAL MANAGEMENT CO.: _____

RENTAL MANAGEMENT CONTACT: _____

PHONE _____ EMAIL _____