

UNIT OWNER INFORMATION FORM

Please complete this form in full and return to Tidewater within ten (10) days of receipt!

It is important that your Association has this information on file in the event of a fire, security and/or medical emergency. Please complete the following form and return it to:
Tidewater Property Management, Inc., 3706 Crondall Lane, #105, Owings Mills, MD 21117-2231.
You may also complete and **fax the form to: 443-548-0196.**

Community Name: _____

Owners Full Name: (1) _____

Owners Full Name: (2) _____

Address: _____

Parking Space (If Applicable): _____

Mailing Address (if different from above): _____

Phone Numbers: (1) Day _____ Evening _____ Cell _____
(2) Day _____ Evening _____ Cell _____

Primary E-mail Address: _____

Do you have a pet or pets residing in the home? Yes _____ No _____

If yes, please give the type of animal and description:

If your condominium or home is rented, please provide the following information about your tenants **and** attach a photocopy of the lease in accordance with your association documents:

Name of Lessee: (1) _____

Phone Numbers: Day _____ Evening _____

Name of Lessee: (2) _____

Phone Numbers: Day _____ Evening _____

Name(s) of all person(s) residing in the unit:

1) Name: _____ Age: _____

2) Name: _____ Age: _____

3) Name: _____ Age: _____

4) Name: _____ Age: _____

In case of emergency contact:

Name: _____ Relationship _____

Address: _____

Phone Number: Day _____ Evening _____

Please contact your Property Manager if you have any questions concerning this form.