



OWNER INFORMATION FORM

In an effort to better serve and safeguard our owners and residents, we ask each owner(s) to take a few minutes to complete this form. This information can assist us when a problem or emergency arises. Many times the detailed information we request assists the homeowners association to resolve matters quickly. This information remains confidential with Terra West.

We thank you in advance for taking the time to complete this form and return it to our office.

Owner Information (please print)

Association Account Number: _____

Association Name: _____

Property Address ⁽¹⁾: _____

Owner(s) Name (*as it appears on title*): _____

Home Phone: _____ Mobile Phone: _____

Primary E-mail Address: _____

Alternate E-Mail Address (*if applicable*): _____

Emergency Contact Information

Emergency Contact Name: _____ Phone: _____

Emergency Contact E-Mail: _____

Address: ***Owner Signature:*** _____ ***Date:*** _____

Occupancy Status:

☐ Owner Occupied ☐ 2nd Home ⁽²⁾ ☐ Investment Property ⁽²⁾

- (1) If your mailing address differs from the property address above, please contact our office to obtain a Change of Address Request Form.
- (2) If you have a property management company, third party person and/or company overseeing the care of the property on your behalf and you would like to authorize them on your account, please complete the Authorization/Release Form.

PLEASE RETURN THE COMPLETED FORM TO:
Terra West Management Services
6655 S. Cimarron Road, Suite 200
Las Vegas, NV 89113
AR@terrawest.com