



# ALPHA OMEGA PROPERTY MANAGEMENT

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## UNIT OWNER INFORMATION FORM

The following information is required for the Corporations records. Please fill out and return to:  
[Danielle.aopm@gmail.com](mailto:Danielle.aopm@gmail.com) or [tara.aopm@gmail.com](mailto:tara.aopm@gmail.com)

Address: \_\_\_\_\_

Name: \_\_\_\_\_ PH# \_\_\_\_\_

Email \_\_\_\_\_

Name: \_\_\_\_\_ PH# \_\_\_\_\_

Email \_\_\_\_\_

Additions Occupants Name/Age: \_\_\_\_\_

\_\_\_\_\_

Pets: \_\_\_\_\_

Locker No. \_\_\_\_\_ Parking \_\_\_\_\_

Make of Vehicle 1) \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

Make of Vehicle 2) \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

Make of Vehicle 3) \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Mortgage Company \_\_\_\_\_ Phone# \_\_\_\_\_

Date of Closing: \_\_\_\_\_

Insurer & Policy Number: (Provide Certificate of Insurance) \_\_\_\_\_

**Mailing Address if Different from Unit:** \_\_\_\_\_

\_\_\_\_\_

Occupying Unit Full Time or Part Time: \_\_\_\_\_

Will Unit Be Leased to Tenants: \_\_\_\_\_

Provide a copy of the signed lease and completed TENANT AGREEMENT AND INFORMATION FORM