

OWNER CONTACT INFORMATION

SPRINGFIELD MANOR -- Web site: www.springfieldmanorhoa.org

Please complete the appropriate spaces to provide the necessary **emergency** information.

Homeowner (s) Name (please print clearly)

Unit Address: _____

Mailing Address: (if other than above)

Phone Number: Home: (_____) _____ Work: (_____) _____

Cell: (_____) _____

Email Address: _____@_____. _____

-----**Tenant (s)**
Name: _____(if applicable)

Tenant (s) Phone Number:

Home: (_____) _____ **Work:** (_____) _____ **Cell:** (_____) _____

* Lease Expiration Date: _____

Please refer to "TENANT REGISTRATION FORM"

Homeowner(s) Signature & Date

Date: _____

Date: _____

Please return this form to the following address:

Continental Property Management, Inc.

975 Easton Road Suite 102

Warrington, PA 18976 Fax: 215-343-4409