

# Audrey Point HOA Owner Information Form

EVERY Audrey Point owner must return this completed form to ensure we have up-to-date records.

Owner(s) \_\_\_\_\_

Unit #(s) \_\_\_\_\_ Parking Space #(s) \_\_\_\_\_ License Plate #(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

## **Resident Information**

Owner Occupied: yes \_\_\_ no \_\_\_

If no, tenant information:

Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

License Plate # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please Return to:**

**Capitol Hill Management  
400 S Colorado Blvd Ste 360  
Denver CO 80246**