

# Maxim II Condominiums HOA

## Owner Information Form

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

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

Unit # (s) \_\_\_\_\_

Mailing Address

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

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

Mobile Phone \_\_\_\_\_

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

Phone \_\_\_\_\_

### RESIDENT INFORMATION

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

If no, tenant information: Name(s)

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

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

Phone(s) \_\_\_\_\_

**Please Return This Form To:**

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