

Castle Place HOA Owner Information Form

EVERY Castle Place 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 _____

Owner Occupied: yes _____ no _____

RESIDENT INFORMATION

If no, tenant information: Name(s)

Home Phone _____ Work Phone _____

Emergency Contact _____

Phone(s) _____

RENTAL MANAGEMENT INFORMATION

Management company name _____

Management contact _____

Phone number _____ Email address _____

Please Return This Form To:

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