

Olde Oaks Homeowner's Association, Inc.

INFORMATION UPDATE

OWNER - TENANT

ACCOUNT #: _____

DATE: _____

To insure we have the most accurate contact information, please complete all sections below and send back to this office. **STATE LAW 209.016 of the Property Code:** If you own property and have tenant(s) living on property, please provide their name/ mailing address/phone number/email address and term of lease. Thank you!

PLEASE PRINT -

PROPERTY ADDRESS: _____

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S CONTACT NUMBERS: HOME _____

CELL PHONE #1 _____ CELL PHONE#2 _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____

TENANT'S NAME(S): _____

TENANT'S NAME(S): _____

CELL PHONE #1 _____ CELL PHONE#2 _____

LEASE TERMS: FROM _____ TO _____

MAILING ADDRESS: _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____