



1 Perralena Lane Hot Springs Village, AR 71909
Phone (501) 922-1375
Email Address hsvthainfo@hsvtha.com Website www.hsvtha.com

OWNER'S INFORMATION FORM

PLEASE FILL OUT AND RETURN TO THE TOWNHOUSE OFFICE

DATE: _____

1. Townhouse Address: _____

Lot: _____ Block: _____ Court: _____

Owner's name: _____

Mailing address: _____

If PO Box, street address: _____

City: _____ State _____ Zip Code _____

Tele Home: (____) _____ Tele Office: (____) _____

Tele Cell #1: (____) _____ Office Fax: (____) _____

Tele Cell #2: (____) _____

Email address: _____

2. Is the unit a Rental Property: Yes ___ No ___ If yes, Long Term ___ or "Nightly" ___

Name and Phone Number of Property Manager: _____

Manager: _____ Phone (____) _____

If long term rental, name and phone number of resident(s)

If the unit is not a rental, and the owner lives elsewhere, who has the emergency key?

Name: _____ Phone: _____

3. Emergency Contact: Relationship: _____

Name: _____ Phone: (____) _____

Tele Home: (____) _____ Tele Office: (____) _____

Tele Cell: (____) _____

4. Permission to provide your contact information to adjoining owners or your court representative(s), if needed? Yes ___ No ___