

Westview Lakes Homeowners' Association

INFORMATION AND EMERGENCY CONTACT FORM

WESTVIEW LAKES HOMEOWNERS ASSOCIATION is requesting contact information for all Owners of property within Westview Lakes. The specific purpose of this is to enable management or Board members information to be able to contact you in case of an emergency or to send routine correspondence if your property is leased or rented. Please fill out the information requested and return this form to **Advanced Association Management Group, LLC., Attn: Robin Stortz, PO Box 12141, Newport News, VA 23612 or FAX 757-251-7039.**

DATE: _____ **PROPERTY ADDRESS:** _____

OWNER NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____ **CELL#:** _____

CO-OWNER: _____

HOME PHONE: _____ **WORK PHONE:** _____

TO NOTIFY IN CASE OF AN EMERGENCY

NAME: _____

HOME PHONE: _____ **WORK PHONE:** _____

PLEASE COMPLETE IF APPLICABLE

TENANT NAME(S): _____

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____ **CELL#:** _____

MANAGEMENT COMPANY: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

RENTAL AGENT: _____

OFFICE NUMBER: _____ **HOME NUMBER:** _____

**It is VERY important to have the most current contact information on file!
Please complete and return to Management as soon as possible.
THANK YOU FOR YOUR ATTENTION TO THIS MATTER.**