

Bella Vista Townhouse Association

Date _____

INFORMATION SHEET

Please complete and return this form to our office as soon as possible

Townhouse Address _____

Owner's Name _____

Owner's Mailing Address _____

City, State & Zip Code _____

Social Security Number _____

Driver License No & State _____

Telephone Numbers:

Home: _____ Work: _____

Cell: _____ Cell: _____

E-mail address: _____

Email our office if you do not want to receive the quarterly newsletter: officemanager@bvth.com

Is unit a rental? _____ if yes, please complete following

Name, Address and Phone Number of Property Manager:

In case of emergency and unit is not a rental does anyone else have a key for this unit?

___ If yes, please give Name and Phone# _____

Emergency Contact: (In case something happens to you)

Name and Phone Number _____

Thank you for providing us with the above information which helps to keep your account information accurate. We do not keep Social Security & Drivers License information on a computer. None of this information will be shared, sold or used for solicitation of any kind. This information is kept in a locked, secure location. This information is strictly for the Association Management Team only.

P. O. Box 5301, Bella Vista, AR 72714

Phone/Fax 479-855-9328