

Stonebridge Estates Homeowners Association

Confidential Resident Information Form

This information will be used for informational purposes only and will assist the board during any emergency

Property Address: _____

Owner Occupied [] **Tenant** [] **Family Member Occupied** [] **Please check one.**

Please note that if you have a tenant, a **copy of your lease must** be returned with this form.

*****Owner's name(s)** _____

Owner Contact Info:

Home: _____ Business: _____ Emergency: _____

Cellular: _____ Email: _____

Owner 2 Cellular: _____ Email: _____

Tenant Contact Info (if applicable):

Home: _____ Business: _____ Emergency: _____

Cellular: _____ Email: _____

Property Manager (if applicable):

Name: _____ Company: _____

Phone #: _____ Fax: _____ Email: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____

License Plate No: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate No: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate No: _____ State: _____

Pet Information (if applicable):

Number of Dogs: _____ Breed: _____ Weight: _____ Number of Cats: _____

Please return to: **P & G Association Management**
129 W Lake Mead Pkwy #16
Henderson, NV 89015

Or you may fax to: (702) 202-3910 or Email: Madeline@pandgmanagement.com

Owners Signature

Date