

**PALM VALLEY COMMUNITY ASSOCIATION
Property Information Form**

Property / Owner Information

Property Address:		
Property Owner:		
Owner Mailing Address:		
City:	State:	Zip Code:
Owner Phone:		Alternate Owner Phone:
Owner Email:		Owner Fax:

Property Manager Information

Management Co Name:		
Management Co Address:		
City:	State:	Zip Code:
Contact Person:		Phone:
Email:		Fax:
Use the management company address as the official billing address for my lot <input type="checkbox"/> YES <input type="checkbox"/> NO		

Resident / Tenant Information

Tenant Name(s):		Lease Start:	Lease End:
Phone:		Email:	
Add'l. Tenant:	Age:	Add'l. Tenant:	Age:
Add'l. Tenant:	Age:	Add'l. Tenant:	Age:
Resident/Tenant is authorized to obtain access devices & information <input type="checkbox"/> YES <input type="checkbox"/> NO			

Emergency Contact

Name:			
Address:			
City:	State:	Zip Code:	Phone:
Relationship:			

I/we, as owner(s), verify that the lease agreement represents the subject property as expressly subject to the Declaration of Covenants, Conditions and Restrictions, Design Guidelines, Articles, Bylaws and Association Rules of the Palm Valley Community Association and that a copy of the community documents have been made available to the tenants. Further, I/we verify that the lease agreement provides that a tenant's failure to comply with the requirements and restrictions shall constitute default under the lease agreement.

Signature of Owner:	Date:
Signature of Owner:	Date:

I/we, as tenant(s), verify receipt of the community documents; Declaration of Covenants, Conditions and Restrictions, Design Guidelines, Articles, Bylaws and Association Rules of the Palm Valley Community Association. I/we have read and agree to the terms and conditions of the documents. Further, I/we understand that the tenant's failure to comply with the requirements and restrictions shall constitute default under the lease agreement.

Signature of Tenant:	Date:
Signature of Tenant:	Date: