

OWNER CONTACT INFORMATION

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN IN THE ENCLOSED ENVELOPE TO MANAGEMENT. IT WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR OFFICIAL ASSOCIATION BUSINESS.

OWNER INFORMATION

Owner Name(s): _____

Property Address: _____

Mailing Address: _____

Street

Home Phone: *City* _(_)_____ *State* _____ *Zip* _____
Work Phone: (____)_____

Cell Phone: _(_)_____ Fax: (____)_____

Email Address

OCCUPANCY INFORMATION

Please Check The Appropriate Items

___ This is my/our primary residence ___ This is my/our second home

___ This is a vacant lot

___ Residence under construction Anticipated date of occupancy _____

___ This property is a rental/leased property

This property is managed by: ___ Self ___ Property Management Company

Name of Management Company: _____

Management Company Telephone: _(_)_____

PLEASE REMEMBER TO UPDATE MANAGEMENT WHEN YOUR MAILING AND/OR PHONE NUMBERS CHANGE



The Gallery

Professionally managed by:

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