

# The Springs Property Owners Association

## 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*

*City*

*State*

*Zip*

Home Phone: \_( ) \_\_\_\_\_ 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

*Professionally Managed by:*

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