



BIRKDALE HOMEOWNER CONTACT INFORMATION

Purpose: To verify ones records and be able to reach you in case of an emergency. Kindly complete this Homeowner Information Form and return it to ACS West, Attn. Lee Ann King, 1904 Byrd Ave, Ste 100, Richmond, VA 23230 or fax 804-282-9590. PLEASE PRINT

Property Address _____

Owner Name _____ Email Address _____

Home Phone _____ Work Phone _____

Additional Owner Name _____ Email Address _____

Home Phone _____ Work Phone _____

EMERGENCY CONTACT

Important: Please provide us with emergency contact information –the name and phone number of a person who may have a key to your home or who may know how to contact you in the event of a fire, frozen pipes, broken water heater, etc.

Name/Relationship _____

Home Phone _____ Work Phone _____

NON-RESIDENT OWNER INFORMATION

If you do not live in the community, please complete this section.

Important: Please provide us with emergency contact information –the name and phone number of a person who may have a key to your home or who may know how to contact you in the event of a fire, frozen pipes, broken water heater, etc.

Mailing Address _____

Tenant(s) Name _____

Home Phone _____ Work Phone _____

Please attach a copy of the tenant's lease. Please be sure your tenant has received a copy of the Association's documents to include, if applicable, the Rules and Regulations.

Real Estate Management Company, if applicable

Name _____ Contact Person _____

Address _____ Phone _____