

Association Management Advisory Group, Inc.

P.O. Box 491537

Lawrenceville, Georgia 30049-1573

Office: 678-407-1115 Fax: 678-407-1125

Homeowner Information Form

Please print all information and mail to the above address

(For HOA use only)

Community: _____

Legal Owner of property: Name: _____

Spouse's Name: _____

Address: _____ City: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Is this residence rented? Y ___ N ___ Tenant's Name: _____

Owner's Mailing Address: _____

Street

Street, City, State, Zip _____ Telephone# _____

Do you give permission to have your name/address/phone published in the community directory? Yes No (circle one)

Children's Names	Date of Birth

HIS INFORMATION

HER INFORMATION

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Hometown: _____

Hometown: _____

Alma Mater: _____

Alma Mater: _____

Interest/Hobbies: _____

Interest/Hobbies: _____

Indicate below if you are interested in helping with community activities or assisting the Board with activities that improve the community.

Special interest areas are: (circle)

Architectural Controls Pool Activities Tennis Landscaping Adult Parties Kids Parties