



Association Name: Grove Park HOA

To complete community management records and in case of an emergency, please provide the following information. Please fax completed form to 866-737-5318, Attn: **Customer Service** or email to support@cmacommunities.com.

Individual Unit Information

Property Address: _____

Owner(s) Name(s): _____

Mailing Address (if different from Unit)

Business Phone: _____ Cell Phone: _____

E-Mail: _____ Fax: _____

Emergency Contact

Name: _____

Home Phone: _____ Work Phone: _____

Renter Information – if Unit is leased to someone other than Owner:

Renter(s) Name: _____ Email Address: _____

Business Phone: _____ Cell Phone: _____

Beginning of Lease Term: _____ End of Lease Term: _____

Vehicle Information (Owners and renters)

Make/Model: _____ License: _____ Year: _____ Color: _____

Make/Model: _____ License: _____ Year: _____ Color: _____

Make/Model: _____ License: _____ Year: _____ Color: _____