

OWNER/RESIDENT INFORMATION FORM

NAME: _____ UNIT # _____

OWNER: _____ TENANT: _____

MAILING ADDRESS IF YOU DO NOT LIVE AT THE DEVON:

PHONE #: HOME _____ CELL _____

EMAIL _____

EMERGENCY CONTACT(S):

NAME: _____ LIST RELATIONSHIP: _____

ADDRESS: _____

PHONE #: HOME _____ OFFICE _____ CELL _____

NAME: _____ LIST RELATIONSHIP: _____

ADDRESS: _____

PHONE #: HOME _____ OFFICE _____ CELL _____

PLEASE NOTE ON THE REVERSE SIDE ANY OTHER INFORMATION OR NAMES YOU FEEL WE SHOULD KEEP ON FILE IN CASE OF EMERGENCY.