

ST. JAMES TOWNHOMES ASSOCIATION, INC.

HOMEOWNER QUESTIONNAIRE

Please take a few minutes to provide us with this information so that we may better serve the needs of your community. This information is for confidential internal use only.

Owner Name (s): _____ Date: _____

Home Address: _____

Closing Date: _____ Move-in Date: _____

Telephone Numbers:

Home: _____ Work: _____ Cell: _____ Email: _____

☐ Family Member Occupied / ☐ Owner Occupied

Names of All Residents: _____ Relationship: _____ Telephone Number: _____

Alternate Address if you are away for the winter or summer, also provide dates away and telephone numbers:

Resident Vehicles:

-Make/Model/Color/Year: _____ License # & State: _____

-Make/Model/Color/Year: _____ License # & State: _____

Number & type of Pets: _____

Please provide us with a contact person (or two) who should know the whereabouts of the residents and/or has a key to the unit in case of an emergency when residents are not at home.

Emergency Contact Person #1: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Emergency Contact Person #2: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Please mail, fax, or e-mail the completed questionnaire at your earliest convenience to:

**Realty Performance Group, Inc.
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