

OWNER/OCCUPANT INFORMATION FORM

PLEASE MAKE SURE YOU SHARE YOUR CURRENT EMAIL ADDRESS SO THAT YOU DON'T MISS IMPORTANT COMMUNICATION FROM THE BOARD AND ASSOCIATION MANAGER!

NAME OF ASSOCIATION: _____ DATE: _____

PROPERTY OWNER NAME(S): _____

OWNER BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ASSOCIATION PROPERTY ADDRESS: _____

HOME PHONE: _____ WORK: _____ FAX: _____

CELL: _____ EMAIL: _____

EMERGENCY CONTACT IF YOU ARE NOT AVAILABLE: _____

HOME OR CELL PHONE: _____ WORK PHONE: _____

IS THIS ASSOCIATION PROPERTY YOUR?

PRIMARY RESIDENCE: ☐

SECOND HOME: ☐

RENTAL: ☐

OCCUPANT'S INFORMATION (IF APPLICABLE)

OCCUPANTS NAME(S): _____

HOME PHONE: _____ WORK: _____ CELL: _____

DURATION OF LEASE: _____ thru _____

EMERGENCY CONTACT NAME/NUMBER _____

NUMBER OF PETS (if applicable): _____ TYPES OF PETS _____

RENTAL AGENCY: _____ CONTACT NAME: _____

PHONE: _____

PLEASE COMPLETE AND RETURN TO:

CEPCO

1628 Doctors Circle, Wilmington, NC 28401

FAX TO: 910-395-6229

EMAIL TO: admin@cepco-nc.com