

HOMEOWNERS' ASSOCIATION

C/O LEVEL COMMUNITY MANAGEMENT

8966 SPANISH RIDGE AVE., SUITE 100 LAS VEGAS, NV 89148 • TEL: 702-433-0149 • FAX: 702-444-2416

EMAIL- HELP@LEVELPROP.COM

CONTACT INFORMATION

(TO BE COMPLETED BY THE HOMEOWNER/AUTHORIZED AGENT)

OWNER'S NAME: _____ ACCOUNT NUMBER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

AUTHORIZED AGENT (IF APPLICABLE)

PROPERTY MANAGER: _____

ASSOCIATION IS AUTHORIZED TO DISCUSS AND TAKE DIRECTION FROM AGENT ON: (CIRCLE ALL THAT ARE APPLICABLE):

ASSESSMENTS/ACCOUNT BALANCE **COMPLIANCE ISSUES/VIOLATIONS** **ALL PROPERTY MATTERS**

OTHER: _____

MAILING ADDRESS: _____

CONTACT NUMBERS - WORK: _____ CELL: _____ FAX: _____

EMAIL: _____

ASSOCIATION MAILINGS

ONE MAILING ADDRESS is to be designated as the main mailing address for all homes to which legal official required mailings of the Association will be sent. Official correspondence includes registration forms, account statements and/or coupon books, compliance notices, board meeting agendas, nomination forms, and ballots for Board of Directors elections.

Please check ONE box below to indicate to which address the Association is to send these mailings. If no box is checked, mail will be sent to Owner's mailing address.

Send this type of correspondence to me at my mailing address as listed above.

Send this type of correspondence to me care of my property management company/authorized agent at their mailing address as listed above.

OWNER: _____
Signature Date

TENANT INFORMATION

IF YOU HAVE A TENANT, A COPY OF THEIR LEASE MUST BE SUBMITTED WITH THIS FORM.
FOR EMERGENCY PURPOSES, OWNER MUST PROVIDE CURRENT CONTACT INFORMATION FOR THEIR TENANT.

TENANT NAME(S): _____

HOME PHONE: _____ CELL PHONE _____

EMAIL: _____

VEHICLE REGISTRATION

VEHICLE #1

YEAR	MAKE/MODEL/COLOR	LICENSE #	EXPIRATION	STATE

VEHICLE #2

YEAR	MAKE/MODEL/COLOR	LICENSE #	EXPIRATION	STATE

PET INFORMATION

PERMITTED PETS ARE: ONE (1) DOMESTIC CAT OR DOG, WEIGHING A MAXIMUM OF TWENTY-FIVE (25) POUNDS.

DO YOU HAVE ANY PETS? _____ Yes _____ No

BREED: _____ WEIGHT: _____

PLEASE NOTE THAT ALL INFORMATION SUBMITTED ON THIS FORM IS CONFIDENTIAL. MANAGEMENT WILL CONTACT YOU PERIODICALLY TO UPDATE THIS INFORMATION. IF CHANGES OCCUR IN THE MEANTIME, PLEASE NOTIFY US AS SOON AS POSSIBLE SO WE MAY UPDATE OUR RECORDS. THANK YOU IN ADVANCE FOR YOUR COOPERATION.