

COMMUNITY REGISTRATION

Community Name: _____

Owner Information:

Name: _____

Address: _____

Phone Number: _____ Alt Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Owner Occupied: Yes No

Tenant Name(s) if Applicable: _____

Tenant Phone Number if Applicable: _____

(Include a copy of the lease if the unit is a rental property.)

PLEASE RETURN TO:
Association Advisors New Jersey
19 West Main Street
Freehold, NJ 07728
Fax: 732-294-8884
Email: help@askaa.com

