

# OWNER INFORMATION FORM

PLEASE COMPLETE UPON RECEIPT AND RETURN TO CEPKO

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: ☐

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## 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:

CEPKO

1628 Doctors Circle, Wilmington, NC 28401

FAX TO: 910-395-6229

EMAIL TO: admin@cepco-nc.com