

**ST GERMAIN HOMEOWNERS ASSOCIATION
OWNER/RESIDENT INFORMATION FORM**

Dear Homeowner,

To ensure your HOA has your correct contact information, please provide the information listed below. It is vital the HOA and Management Company have your correct information on file, as important correspondence is sent out on a regular basis. ***ABSENT OWNERS:*** If your unit is leased, please supply a copy of the lease in addition to this form. Send to RealManage via email to STGERMAI@Ciramail.com; by fax to 281-582-6400; or mail to RealManage at 16000 Barkers Pt., Suite 250, Houston TX RealManage at 16000 Barkers Pt., Suite 250, Houston TX 77079.

Additionally, please be sure to indicate whether you need to be placed on the **MOBILITY IMPAIRMENT LIST**. This information is provided to the Houston Fire Department upon their arrival at the property when responding to an alarm. Those who are handicapped, senior citizens, pregnant women, and anyone who would require assistance in exiting the building via the stairs, in the event of an evacuation, need to be included on our list. Keeping this information up-to-date will ensure proper and quick response to those needing it.

Unit #: _____
Owner Name: _____ Spouse: _____
Additional Occupants: _____
Additional Occupants: _____
Mailing Address (if different from the property): _____
Phone Number: _____ Work: _____ Cell: _____
Email #1: _____
Email #2: _____
Vehicle(s): Make _____ Year _____ Model _____
Vehicle(s): Make _____ Year _____ Model _____
Emergency Name and Contact Number: _____
*****IMPORTANT***:** Mobility Impaired (circle one) Yes or NO Resident Name: _____

If the property is leased, please fill out the information below:

Date of Lease & Expiration: _____
Tenant Name: _____ Spouse: _____
Additional Occupants: _____
Additional Occupants: _____
Mailing Address (if different from the property): _____
Phone Number: _____ Work: _____ Cell: _____
Email #1: _____
Email #2: _____
Vehicle(s): Make _____ Year _____ Model _____
Vehicle(s): Make _____ Year _____ Model _____
Emergency Name and Contact Number: _____
*****IMPORTANT***:** Mobility Impaired (circle one) Yes or NO Resident Name: _____