

**Cedar Hollow Association, Inc.**

**Unit Owner/Tenant Information Sheet**

---

1. Name(s) of Unit Owners: \_\_\_\_\_  
\_\_\_\_\_

2. Mailing Address of Owner(s) if offsite:  
\_\_\_\_\_  
\_\_\_\_\_

3. Email Address of Owner(s): \_\_\_\_\_

4. Phone Number(s) of Owner(s):  
1. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_  
2. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

5. Do you or a direct member of your family occupy the Unit? Yes ( ) No ( )

6. If no, please complete the following:  
Name(s) of Tenant (1) \_\_\_\_\_  
Name(s) of Tenant (2) \_\_\_\_\_

Phone Number(s) of Tenant(s):  
1. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_  
2. (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

7. List all vehicle(s) of occupants of unit:  
(1) Make: \_\_\_\_\_ Color: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_  
(2) Make: \_\_\_\_\_ Color: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_  
(3) Make: \_\_\_\_\_ Color: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

8. Pets: Type: \_\_\_\_\_ Color: \_\_\_\_\_ Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Color: \_\_\_\_\_ Name: \_\_\_\_\_

9. Should emergency access of your unit be required, please list a contact person who may have the ability and authorization to access your unit in your absence. Any damage as a result of forced entry will be the responsibility of the unit owner.

Emergency Contact's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_