

MORGYN RIDGE HOMEOWNERS ASSOCIATION

Resident Information Form

Please complete this form in its entirety and return to the address, email or text information noted below. Thank you!

Owner Information

Owner Name(s): _____

Property Address: _____

Mailing Address: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Phone Number(s): Home _____ Cell _____

Email: _____ Check here to be added to the email blast

Unit is: Owner Occupied _____ Tenant Occupied _____

Resident Information (if different than above)

Resident Name(s): _____

Other Occupant(s): _____

Phone Number(s): Home _____ Cell _____

Email: _____

Current Lease MUST be submitted with this form

Pet Information

Breed & Weight: _____ Breed & Weight: _____

Breed & Weight: _____ Breed & Weight: _____

Vehicle Information (list additional on back of page if needed)

Vehicle #1

Make: _____ Model: _____ Year: _____

Color: _____ Lic Plate #: _____ State: _____

Vehicle #2

Make: _____ Model: _____ Year: _____

Color: _____ Lic Plate #: _____ State: _____



EPIC
ASSOCIATION MANAGEMENT

Epic Association Management

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Phone/Text 702.767.9993 * Email: general@epicamlv.com