ROSEMONT OWNERS ASSOCIATION
Resident Information Form

Please complete this form in its entirety and return to the address or email 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 receive community information by email instead of mail*

Unit is: Owner Occupied ☐ Tenant Occupied ☐ Family Member 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 if tenant occupied

Vehicle Information

Vehicle #1

Make: _____ Model: _____ Year: _____

Color: _____ Lic Plate #: _____ State: _____

Vehicle #2

Make: _____ Model: _____ Year: _____

Color: _____ Lic Plate #: _____ State: _____

Vehicle #3

Make: _____ Model: _____ Year: _____

Color: _____ Lic Plate #: _____ State: _____

EPIC
ASSOCIATION MANAGEMENT

8712 Spanish Ridge Ave., Las Vegas, Nevada 89148
Phone/Text 702.767.9993 * Email: reception@epicAMLV.com

Por Favor llame si necesita esta formlario traducido. ** □ □ □ □ □ □ 译□ □ □ □ 请□ 电