

SHADOW POINT HOMEOWNERS 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

Epic Association Management

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