

SKYRIDGE 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: _____ Receive Email Transmissions? Yes No
(circle one)
Unit is: Owner Occupied _____ Tenant Occupied _____

Resident Information

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: _____

Vehicle Information (if additional vehicles please list on back of page)

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