

SKYSTONE COMMUNITY 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 _____

Do you have an email address? YES NO

If yes, please provide the email below so accounting, compliance, newsletters and emergency information can be sent via email and received by the homeowner in a timelier manner.

Email: _____

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

8712 Spanish Ridge Ave., Las Vegas, Nevada 89148

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

Por Favor llame si necesita esta formulario traducido. ** Please call if you need this information translated