

# WEST END at PROVIDENCE 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: \_\_\_\_\_

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

8712 Spanish Ridge Ave, Las Vegas, Nevada 89148

Phone/Text 702.767.9993 \* Email: [general@epicamlv.com](mailto:general@epicamlv.com)