Real Estate Services • Brokerage • Regime & Association Property Management

Oakview Property Owners' Association, Inc.

DEAR HOMEOWNER,

OWNED NAME

IN ORDER FOR US TO BE MORE EFFECTIVE IN MANAGING YOUR PROPERTY, THE FOLLOWING INFORMATION IS REQUIRED;

OWI	NEK NAME:				
MAI	LING ADDRESS:		-		
UNI	Γ#:				
РНО	NE #: (HOME)				
	(CELL)				
	(WORK)				
E-M	AIL:				
EME	RGENCY CONTACT:	(NAME)			
		(PHONE)			
1.	DO YOU LIVE IN U	NIT? Y	N		
2.	DO YOU RENT OU'	T YOUR UNIT	? Y N	Ţ	
3.	IF YES, DO YOU M	ANAGE IT YO	URSELF? Y	N	
4.	IF NO, WHO IS YOU	UR AGENT?			
	MANAGEM	ENT CO.?			_
	TELEPHON	E #:			

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN.

THANK YOU.

Scott Connal, CAM
Regime Manager for the Legends
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