## HERITAGE TOWNHOMES TENANT REGISTRATION FORM

TO BE COMPLETED BY PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE

## Please complete, sign, and return to Association Services BCS:

By <u>MAIL</u> or <u>IN PERSON</u>: 1701 Southwest Pkwy Ste 209 College Station, TX 77840 By <u>EMAIL</u>: <u>help@associationservicesbcs.com</u>

Please only complete the following form if this will be a rental unit. If your child will be occupying the unit, they should be listed on this form as a tenant. If this will be your primary residence or a weekend home, please complete a separate owner registration form.

## OWNER CONTACT INFORMATION

HOA Address:			
	Street		
Owner Name:			
Mailing Address:			
	Street		
City	State	Zip Code	
Owner E-mail Address(es):			
HOA Communications are sent by e-n	nail only unless	required by governing docume	ents or law.
Cell Phone #(s):	Alternate P	hone #(s):	
Emergency Contact if you cannot be re	eached:		
Name:	Phone #(s):		
I UNDERSTAND THAT:			
<ul> <li>I am responsible for ensuring all tenant</li> <li>I must provide a current, unexpired copy</li> <li>Townhomes and continue to do so with each</li> </ul>	y of my homeowne	ers insurance for my property in He	eritage
• I must provide a complete tenant registra a rental.	ration form for all	leases and subsequent renewals if	my property i
Owner or Authorized Representative S	Signature:		
PROPERTY MANAGEMENT C		SON CONTACT INFORMAT	ION
Property Manager Name:			
110porty manager maine.			
Contact Person:			

Office Phone #(s): \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Mailing Address				
Mailing Address:		Street		
City		State	Zip Code	
PLEASE INDICATE	BELOW HOW	YOU PREFER	THE FOLLOW	ING COMMUNICATION
<b>Do</b> Copy my leasi	ng company on	my HOA account	-	
ALL Comm	unications	Billing	Violations	Announcements/News
<b>Do not</b> copy my l	easing company	on my HOA acco	ount	
	TENANT C	ONTACT INFO	RMATION	
Tenant Name:				
Cell Phone #:		E-mail Addr	ess:	
Lease Start Date:		Lease End D	Oate:	
Car Information:				
Make:	Model:	(	Color:	Tag #:
Tenant Name:				
Cell Phone #:				
Lease Start Date:		_ Lease End D	Oate:	
Car Information:				
Make:	Model:	(	Color:	Tag #:
Copy of HOA Documer				No
Tenant Name:				
Cell Phone #:		E-mail Addr	ess:	
Lease Start Date:		Lease End D	Oate:	
Car Information:				
0 010				