

Contact Information Form



Please fill out this form to allow for accurate record keeping. The completed form can be returned by email or US Mail.

Contact Information:

Name: _____ Unit/Property Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email: _____

If Rental: Rental Agent – Company Name, Phone Number & Email (if applicable):

Name: _____ Phone Number: _____

Email: _____

Tenant Name, Phone Number & Email (if applicable):

Name: _____ Phone Number: _____

Email: _____

If other than Rental Agent, person to contact for emergency access:

Name: _____ Phone Number: _____

Email: _____

Please adjust any spam blocker to allow e-mails from:

hoa@ipm-tahoe.com and info@ipm-tahoe.com

OPT OUT OF EMAIL COMMUNICATION

Per SB378, all correspondence will default to the email address on file unless the owner elects to OPT OUT. Choosing to Opt Out will change all correspondence to paper ONLY.

YES _____ NO _____ I give permission to share my contact in an owner directory.

Homeowner Signature: _____ Date: _____