

TWIN SHORES PROPERTY OWNER'S ASSOCIATION

INFORMATION UPDATE

OWNER - TENANT

DATE: _____

To ensure we have the most accurate contact information, please complete all sections below and send back to this office. **STATE LAW 209.016 of the Property Code:** If you own property and have tenant(s) living on property, please provide their name/ mailing address/ phone number/ email address and term of lease. Thank you!

PLEASE PRINT -

PROPERTY ADDRESS: _____

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S CONTACT: CELL #1 _____ CELL #2 _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____

TENANT'S NAME(S): _____

TENANT'S NAME(S): _____

LEASE TERMS: FROM _____ TO _____

MAILING ADDRESS: _____

TENANT'S CONTACT: CELL #1 _____ CELL #2 _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____