

OWNER DIRECTORY FORM

In the past, we have experienced emergency situations that have made us aware of the critical need for a current list of names and telephone numbers of owners and renters in each community. Please complete this form with the pertinent information and return it to Armstrong Management Services, Inc., so that we may have this information on file. This information will only be used by Armstrong Management Services and/or the Association, should the need arise to contact you.

COMMUNITY NAME: _____

OWNER(S) NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS (IF OTHER THAN HOME ADDRESS):

PHONE NUMBERS: HOME _____ WORK _____
HOME _____ WORK _____

TENANT INFORMATION (IF APPLICABLE):

NAME: _____

PHONE NUMBERS: HOME _____ WORK _____
HOME _____ WORK _____

OWNER SIGNATURE: _____ **DATE:** _____
(MUST SIGN)

PLEASE MAIL TO:
Armstrong Management Services, Inc.
3949 Pender Drive, Suite 205
Fairfax, Virginia 22030