



Association Name: Colony Park CitiHomes II

To complete Community Management records and in case of an emergency, please provide the following information. Please fax completed form to 404-835-9200, attn: Skye Traylor or email to straylor@cmacommunities.com.

Thank you.

Individual Unit Information

Property Address: _____

Owner(s) Name) (s): _____

Mailing Address (if different from Unit)

Business Phone: _____

Cell Phone: _____

E-Mail: _____

Fax: _____

Emergency Contact

Name: _____

Home Phone: _____

Work Phone: _____

Renter Information – if Unit is leased to someone other than Owner:

Renter(s) Name: _____

Email Address: _____

Business Phone: _____

Cell Phone: _____

Beginning of Lease Term: _____

End of Lease Term: _____

Vehicle Information

Make/Model: _____ License: _____ Year: _____ Color: _____