



NEW OWNER FORM

Building # _____ Unit # _____ Closed Date: _____

Owner (s) Name _____

(Home Address)

(City/State)

(Zip)

Home Phone: _____ Home Phone #2: _____

Email: _____ Email #2: _____

Entry Code: _____ Emergency Key to POA Office: ___ Yes ___ No

RENTAL MANAGEMENT.

If not self-managed, your management company is:

Company Name

Contact

Phone Number

Check One:

I self manage

I have a management company, see above

This is a second home, vacation home, or company perk, we will not be renting.

INSURANCE.

Insurance Company: _____ Agent Name: _____

Agent's Phone and Email: _____

Please submit a copy of your policy to thecoveonindianpoint@gmail.com

WARRANTY DEED.

Please submit a copy of your deed to thecoveonindianpoint@gmail.com

OWNER(S) SIGNATURE.

Name

Date

If more than one owner, please have all names submitted above. Names must match the deed. If purchased by an LLC, operating officers and members must be listed.