

Please complete and return A. S. A. P. - Thanks!
ANNUAL HOMEOWNER INFORMATION FORM

NAME: _____ ACCT # _____

PROPERTY ADDRESS IN PRCA: _____

PHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN PRCA PROPERTY ADDRESS:

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DO YOU HAVE **TENANTS** IN YOUR PECCOLE RANCH PROPERTY.
YES:_____, OR NO:_____. IF THE ANSWER IS **YES**, WE NEED TO KNOW
THEIR NAMES AND CONTACT NUMBERS IN CASE OF AN EMERGENCY.
THIS IS TO PROTECT YOUR PROPERTY:

NAME OF TENANT: _____

PHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____

DO YOU HAVE A **PROPERTY MANAGEMENT COMPANY** OR ANY
INDIVIDUAL HANDLING YOUR HOME IN PECCOLE RANCH? WE NEED TO
HAVE THIS CONTACT INFORMATION. **WOULD YOU LIKE TO HAVE ALL
CORRESPONDENCE & ALL STATEMENTS SENT TO THEM?** YES:_____
NO:_____

NAME OF PROPERTY MANAGEMENT OR INDIVIDUAL: _____

ADDRESS: _____

PHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

PLEASE RETURN TO THE PRCA OFFICE WITHIN 30 DAYS

**** (If any of the above information changes during the year, please contact us immediately) ****

PRCA
9501 Red Hills Road
Las Vegas, NV 89117
Phone: (702) 255-3351 or FAX: (702) 243-5819

Disclaimer: This information is only for PRCA Management Office usage. PRCA will not give out this information.

FOR OFFICE USE ONLY:

LOG

DATE _____ BY _____ TOPS _____ RUN _____

Revised 06/09