

OWNER/RESIDENT INFORMATION FORM
WINDSTREAM CONDOMINIUMS
9400 E ILIFF AVE
DENVER CO 80231

In order to work with emergency and everyday situations, as well as comply with requirements of the Condominium Declaration, we need the following information for confidential Association records. Please fill out and return this form at your earliest convenience to Western States Property Services.

Date: _____

Homeowners Name(s): _____

Unit : _____

Home Phone: _____ Work Phone: _____

Homeowners E-mail Address: _____

Occupant Names (if rented): _____ Phone: _____

If unit is rented, you must enclose a copy of the current lease for the files.

Pets in Residence: _____ Number of Residents in Unit: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

_____ Phone: _____

YOUR MAILING ADDRESS (IF DIFFERENT FROM E ILIFF AVE):

Name: _____

Street: _____

City : _____, State : _____ Zip: _____

If there is further information that you feel would be helpful, please add it to this form.
(e.g., children, handicapped needs, condo manager, vacation home address)

Please return this form to: Western States Property Services, Inc.
9145 East Kenyon Avenue, #100
Denver, CO 80237
Fax: 303-745-3335
Or email to:
Earl@wsps.net