

AUTUMN LAKES OWNER INFORMATION _____
(YEAR)

THIS FORM MUST BE COMPLETED IN ALL EVEN NUMBERED CALENDAR YEARS
Please Print Clearly

UNIT ADDRESS: _____ Maryland Heights, MO 63043

MAILING ADDRESS
IF DIFFERENT: _____

LEGAL (on deed) OWNER 1: _____

PHONE: CELL: _____ HOME _____ WORK: _____

EMAIL: _____ Occupation: (Optional) _____

LEGAL (on deed) OWNER 2: _____

PHONE: CELL: _____ WORK: _____

EMAIL: _____ Occupation: (Optional) _____

AUTUMN LAKES IS AN OWNER-OCCUPIED COMMUNITY. THERE ARE LEASING RESTRICTIONS.
The (current) lease is required to be on file and a MH occupancy permit is required each time the tenants change. (For further information, refer to the Leasing Package.)

- Parent/Child of Owners (1 time lease) Room leased by an owner occupant (no lease)
 INVESTMENT RENTAL (Only owners who purchased before 9/14/2009).

DATE OF OWNERSHIP: _____

DATE OF LEASE: _____ TO _____ If Parent/Child of owner, no end date required.

TENANT'S NAME: _____ PHONE: _____

TENANT'S NAME: _____ PHONE: _____

PLEASE LIST ALL ADDITIONAL LEGAL RESIDENTS (not listed as owners or tenants above). Include resident children who may be using the amenities under adult supervision.

	UNDER 18	18+
NAME _____	<input type="radio"/>	<input type="radio"/>
NAME _____	<input type="radio"/>	<input type="radio"/>
NAME _____	<input type="radio"/>	<input type="radio"/>

IN CASE OF EMERGENCY (recommended but optional): NOTE: The Association/Management cannot keep unit keys and is not responsible for the unit if an emergency arises where access is required but the owner or designee cannot be reached.

OWNER SIGNATURE: _____ **PHONE #:** _____ **DATE:** _____

PLEASE EMAIL (no pictures), DROP OFF OR MAIL COMPLETED FORMS TO:

Community Property Management 242 Old Sulphur Springs Road Ballwin, MO 63021 Customerservice@cpmgateway.com (636) 227-8688	On SITE: Retta Morcom 3128 Autumn Trace Drive Drop off in Porch box, not in POSTAL MAIL BOX
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