



The Landings Management Association, Inc.

Owner Information Form

[If this form is being used to update existing data, you may complete just the data that has changed rather than completing the entire form. We do need the Owner Name(s) and Landings Address.]

Required Fields are in Bold Outline

Closing Date:

Occupancy Date:

Owner Name(s):

Use first names, initials and last names; not, for example, Mr. & Mrs. Jones

Landings Address:

Owner Phone(s):

Billing Address:

(if not The Landings address)

Principal E-mail:

(Optional – used for LMA business only)

Emergency Contact Info:

Name:

Relationship:

Street:

City:

Phone 1:

State, Zip:

Phone 2:

Others in residence:
(indicate age if a minor)

Name	Age

REQUIRED FORMS

Return ALL required forms to the Association's Property Manager for processing

Owners Information Form

Guest & Vendor Access Form

Vehicle Decal Access Form

Residents Directory Form

Gate by

Date