

Highlands HOA Property Ownership Questionnaire

Please Fill Out All That Apply!

Legal Name Property Titled	In:	
Property Address:		Lot#
Date Purchased Or Closed: .		
Contact Person:		Best Contact Number:
Contact Person's Home Tele	ephone #:	Cell #:
Contact Person's Fax Numb	er:	
Contact Person's Office Or I	Business Number:	
Contact Person's Email Add	ress:	
Contact Person's Mailing Ac	ddress:	
Primary Use Of Property: Please Check All That Apply!	Owner Occ	cupant Living There Full Time
	Purchased	For Family Member To Attend MSU
	Game Day	House
	Other: Des	scribe
	or Renta the cont	estment Property: If your property is an Investment all property and you do not manage it yourself, please list tact information for the Person or Management Companible for maintenance issues and/or emergency issues:
	• Person (Or Management Company
		mber
		ddress: umber:
	S00 140	******

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