

# EJF REAL ESTATE SERVICES

## OWNER / RESIDENT INFORMATION SHEET

Please complete this form and return along with your next association payment or fax it to EJF at 202-537-1805. If your residence includes more than two adults, please provide their information on the reverse side of this sheet.

Property: \_\_\_\_\_ UNIT # \_\_\_\_\_

### OWNER / RESIDENT #1

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Person to notify in the event of emergency:***

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### OWNER / RESIDENT #2

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Person to notify in the event of emergency:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

***In case of emergency such as a fire, please let me know if any people/pets would need assistance evacuating the building:***

\_\_\_\_\_ People in this unit {please name}: \_\_\_\_\_

\_\_\_\_\_ Pet(s) {please describe}: \_\_\_\_\_