

# ASSOCIATION INFORMATION FORM

Management Company: \_\_\_\_\_

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

Property Manager: \_\_\_\_\_

Customer Service Rep./Assistant: \_\_\_\_\_

Office Contact Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Gate Code (if applicable): \_\_\_\_\_

Board Meeting Date: \_\_\_\_\_

(i.e., 1<sup>st</sup> Monday of the month, etc. helpful in submitting proposals for Board packets)

Association Repair Limit: \_\_\_\_\_

Note: Adequate, not to exceed repair limits dramatically increases the response time and level of customer service.

Association Age: \_\_\_\_\_

Roof System Type & Age of Roof: \_\_\_\_\_

Note: Approximate date of last re-roofing.

Severe rain storm emergency calls. Does the Association allow emergency tarping?

Yes / No

If there is a current Association site map available, could you please return it with this questionnaire. Yes / No

Thank you - this information will be kept on file for easy reference