

**PARKGATE RESERVE HOMEOWNERS ASSOCIATION
HOMEOWNER INFORMATION**

OWNER/RESIDENT INFORMATION				
Property Address:		Unit#	Owner <input type="checkbox"/> Resident <input type="checkbox"/>	
Full Name:				
Mailing Address:				
Home Phone		Business Phone:		
Fax:		Mobile Phone:		
Pager:		Other:		
Email Address:				
		Drivers License #	State	
SPOUSE INFORMATION				
		Name:		
Business Phone:		Mobile Phone:		
Pager:		Fax:		
Email Address:				
		Drivers License #	State	
CHILDREN/OTHER RESIDENTS				
Children/Other Resident Names		Date of Birth	Gender	
VEHICLES				
License Tag	Year	Make	Model	Color
MORTGAGE INFORMATION				
Name of Lien Holder:				
Address of Lien Holder:				
Loan Number:				
EMERGENCY CONTACT				
Full Name:		Relationship:		
Home Phone:		Business Phone:		
Pager:		Mobile Phone:		
This information will be kept confidential. The purpose of the request is to maintain proper records, identify the residents entitled to use the facilities, and have emergency contact information.				
A Property owner shall notify the Association not later than the 30 th day after the owner has noticed of a change in any information required by Subsection (e), and shall provide the information on requested by the Association from time to time.				

Please fax this completed form to 281.882.8086
 Mail to: JDH Association Management Co.
 1776 Woodstead Court, #103, The Woodlands, Texas 77380
 Office: 281.296-7000