

EDGEVIEW COMMUNITY ASSOCIATION Resident Information Form

Please complete this form & return it using the contact information provided below. Thank you!

Owner Information

Property Address: _____

Owner Name(s): _____

Phone: _____ Initials: _____ Phone: _____ Initials: _____

Mailing Address: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Email(s): _____

Check this box if you would like *PAPER COMMUNICATIONS ONLY*. If not marked,
all communications will be sent via email or through the homeowner portal.

Property Manager Information

Company: _____ Property Manager: _____

Phone: _____ Email(s): _____

Unit is: Owner Occupied Tenant Occupied Family Member Occupied

Tenant Information (if different than above)

Name: _____ Phone: _____

Name: _____ Phone: _____

Email(s): _____

Current Lease MUST be submitted with this form if tenant occupied

Vehicle Information

Vehicle #1

Make/Model: _____ Color: _____ Lic. Plate: _____

Vehicle #2

Make/Model: _____ Color: _____ Lic. Plate: _____

Vehicle #3

Make/Model: _____ Color: _____ Lic. Plate: _____



Epic Association Management * 8712 Spanish Ridge Ave., Las Vegas, Nevada 89148

Phone/Text 702.767.9993 * Email: general@epicamlv.com

Por Favor llame o envíe un mensaje de texto si necesita esta formulario traducido. Please call or text if you need this form translated.