

APPENDIX A: OWNERSHIP FORM

Please complete and return to Blue Atlantic Management Company

5129 Oleander Drive Suite 101, Wilmington, NC 28403

Fax: 910 395 4343

Email: Thomas@bamgt.com

LION'S GATE UNIT NUMBER: _____

Owner Name/Company: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number(s): _____

Email: _____

PROPERTY MGMT/EMERGENCY CONTACT (IF APPLICABLE)

Name: _____

Phone Number(s): _____

Email: _____

Please check:

A. Primary Address _____ Second Home _____ Rental _____

B. Long-term rental _____ Short-term rental _____

TENANT INFORMATION:

Name(s): _____

Phone Number(s): _____

Email(s): _____

Number/Type of pets: _____