

**Lions Gate HOA, Inc.**  
**Owner Information Form**

**PLEASE COMPLETE UPON RECEIPT AND RETURN TO BAM**

Property Owner's Name/Company: \_\_\_\_\_

Contact Person Name(s): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner phone numbers:

(h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Owner Email: \_\_\_\_\_

**PROPERTY:**

Unit Number: \_\_\_\_\_

**EMERGENCY ACCESS CONTACT:**

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

Phone numbers:

(h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Is this Association Property your (Please Check):**

**Primary Address** \_\_\_\_\_ **Second Home** \_\_\_\_\_ **Rental** \_\_\_\_\_

**(Please Check): Long Term Rental** \_\_\_\_\_ **Short Term Rental** \_\_\_\_\_

**TENANT INFORMATION:**

Name (s): \_\_\_\_\_

Phone number (s): \_\_\_\_\_

Email (s): \_\_\_\_\_

Number of Pets (if applicable): \_\_\_\_\_ Types of Pets: \_\_\_\_\_

Terms of Lease: \_\_\_\_\_ Start Date of Lease: \_\_\_\_\_ Expires: \_\_\_\_\_

Rental Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Please Return to BAM at 5129 Oleander Drive Ste. 101, Wilmington, NC 28403

Fax to 910-395-4343

Email To [Thomas@bamgt.com](mailto:Thomas@bamgt.com)