

SPRINGBROOK GLEN HOMEOWNERS ASSOCIATION  
P.O. Box 92649  
Austin, TX 78709

*Homeowner Information Sheet*

NAME of OWNER (Mr./Mrs./Ms.) \_\_\_\_\_

NAME of OWNER (Mr./Mrs./Ms.) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF TENANT IF LEASING HOME: \_\_\_\_\_

PLEASE TAKE A MOMENT TO PROVIDE YOUR COMMENTS AND SUGGESTIONS:

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Please complete and return this form to:  
*Community Association Management, Inc.*  
P.O. Box 92649  
Austin, Texas 78709  
Fax: 288-2389