



# Willow Pointe Condominium

## RESIDENT QUESTIONNAIRE

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

Physical Address: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_  
(if different)

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

Preferred Method of Communication: Home  Work/Cell  Email

Are you the homeowner of the above listed address? Yes  No

If you are the Homeowner, please provide the name and phone number of the Tenant or Leasing Agent below so that we may better serve you:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Address (if Leasing Agent):

\_\_\_\_\_

If you are **NOT** the Homeowner, please provide the name, phone number, and address of the Owner or Leasing Agent below so that we may better serve you:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address:

\_\_\_\_\_



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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_