

**HIGHLINE MEADOWS CENSUS FORM**

C/O Association & Community Management  
9250 W. 5<sup>th</sup> Ave. Lakewood, CO 80226. 495 Uinta Way #210- Denver, Co. 80230  
303-233-4646 Fax 303-233-1018

**Please completely fill out the census form and return the information to ACM.** This information will be used only for communication purposes to help the Association Manager in compliance with the rules and regulations and to enable response in the event of an emergency. ***Help us go green!***

**Owner Contact Information**

UNIT ADDRESS: \_\_\_\_\_ HOME PH #: \_\_\_\_\_

OWNER (1) NAME: \_\_\_\_\_ CELL PH #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WORK PH #: \_\_\_\_\_

OWNER (2) NAME: \_\_\_\_\_ CELL PH #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WORK PH #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(if different from the unit)

**OCCUPANTS CONTACT INFO (Renters, other family members, roommates) Contact Info**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PH #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PH #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**VEHICLES – (Required, Please list all)**

Year /Make /Model /Color State & License Plate # Parking Pass/Space

\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY MANAGEMENT NAME (if any)**

COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CELL PH #: \_\_\_\_\_

CELL PH #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Who would you like us to contact in case we are unable to reach you (or your tenants) at the listed numbers? (Persons **not** living at your address)

NAME/relationship: \_\_\_\_\_ PH #: \_\_\_\_\_

NAME/relationship: \_\_\_\_\_ PH #: \_\_\_\_\_

\_\_\_\_ I give permission for my contact information to be used for a Neighborhood Directory

\_\_\_\_ I **do not** give permission for my contact information to be used for a Neighborhood Directory

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_