

Monument Park Place

Owner of Record Account Information Sheet

Please complete the below questionnaire to ensure your account information is accurate in the new system.

If you need help completing this form or have questions - call 719-481-2232 to speak with an MPP Board member

Select one - -Homeowner -Renter

PROPERTY:

MPP Unit #: _____ Building #: A / B / C

Provide the following items:

- | | |
|--|--|
| <input type="checkbox"/> – Homeowners | <input type="checkbox"/> – Vehicle |
| <input type="checkbox"/> – Email Address | <input type="checkbox"/> – Pet |
| <input type="checkbox"/> – Home Phone Number | <input type="checkbox"/> – Intercom Call Box Phone Number |
| <input type="checkbox"/> – Cell Phone Number | <input type="checkbox"/> – Renter (copy and submit separate sheet for renters) |
| <input type="checkbox"/> – Mailing Address | <input type="checkbox"/> – Volunteer Committee |
| <input type="checkbox"/> – Emergency Contact / Entry | <input type="checkbox"/> – Suggestions |

PEOPLE: (List below the owners of record)

First Name(1): _____ Last Name(1): _____

First Name(2): _____ Last Name(2): _____

PEOPLE: (List below occupants)

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

CONTACT: (List below contact information for the above people)

Email(1): _____ Email(2): _____

Home #: _____ Intercom Call Box Phone #: _____

New Cell #(1): _____ New Cell # (2): _____

Mailing Address: _____ -Use MPP address

- How would you like to receive community event notifications?
 -Email -Text -US Mail -Paper Notice on Door
- May we send a text messages to notify you of important outages etc.? -Yes -No
- Would you like your last name listed on the directory at the intercom call box? -Yes -No
- How would you like to receive your HOA statement -Email or -US Mail (email helps control cost)
- Should your HOA statement be emailed/mailed to a 3rd party for payment processing? -Yes -No

If yes, provide the following: Name: _____ Email: _____

US Mailing Address: _____

PET: (List below any pets within your home) -Do not have a pet?

Pet's Name: _____ Breed: _____ Type: _____

Pet's Name: _____ Breed: _____ Type: _____

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VEHICLE: (List vehicles to be parked at the property) []-Do not own vehicle

1- Year: _____ Make: _____ Model: _____ Color: _____

Plate #: _____ State: _____ MPP Permit # _____ Need permit sticker? []-Yes []-No

2- Year: _____ Make: _____ Model: _____ Color: _____

Plate #: _____ State: _____ MPP Permit # _____ Need permit sticker? []-Yes []-No

Do you need a visitor parking permit for your guest to park outside the gate along the fence? []-Yes []-No

EMERGENCY CONTACT: (List below the person we should contact in the event of an emergency)

First Name: _____ Last Name: _____

Home #: _____ Cell #: _____

If emergency entry is required into your home: []-Key on file w/MPP []-Door code on File w/MPP _____

[]-Call, Name: _____ Home/Cell #: _____

VOLUNTEER: (Get involved - help manage the community i.e. light check, event planning etc.)

Would you like to be contacted about serving on a community committee? []-Yes []-No

SUGGESTIONS:

We would like to hear your suggestions on how best to improve our community: _____

SURVEY:

1. What types of community events would you like to see organized?

- []-Game Night []-Golf Putt Putt []-Potluck []-Live Music (solo musician) []-Movie Screening on the Lawn
- []-Annual Tag Sale []-Fire Pit gatherings []-Fitness Classes []-Community Veggie Garden
- []-Kids/Grandkids Playday []-Saturday Morning Workshop: _____
- []-Other _____

Owner Signature

Date

Return Options

Place in new secure community drop box (near the mailboxes) or scan and email to Board@MonumentParkPlace.com

Thank you.