

COMMUNITY: Briarwood Terraces  
ADDRESS: \_\_\_\_\_

**CONTACT DATA**

Please complete the following information.

**HOMEOWNER INFORMATION**

\_\_\_\_ Please omit my name and number from the Directory

**Homeowner Names** \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work# \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above#) \_\_\_\_\_

**2nd Home Address:**

( if applicable) \_\_\_\_\_

2nd Home Telephone #s: \_\_\_\_\_  
Times of Year at 2nd Home: \_\_\_\_\_

**IN CASE OF BUILDING EMERGENCY IN MY ABSENCE, CONTACT:** (Should have keys)

#1 Name: \_\_\_\_\_ Phone#s: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone#s: \_\_\_\_\_

**TO BE COMPLETED IF YOUR HOME IS OCCUPIED BY A TENANT:**

Name: \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_

Management Agent: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emerg #: \_\_\_\_\_

**HOUSEHOLD PET INFORMATION:**

	Species	Breed	Height	Weight	Color	Age
Pet #1	_____	_____	_____	_____	_____	_____
Pet #2	_____	_____	_____	_____	_____	_____
Pet #3	_____	_____	_____	_____	_____	_____
Pet #4	_____	_____	_____	_____	_____	_____

**VEHICLE INFORMATION:**

	License	Make	Model	Color
Vehicle #1	_____	_____	_____	_____
Vehicle #2	_____	_____	_____	_____
Vehicle #3	_____	_____	_____	_____
Vehicle #4	_____	_____	_____	_____

**SPECIAL NEEDS:**

Please make us aware of any special needs you may have in the event of a property emergency. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN TO:**

enTrust Association Management, 2823 Richmond Drive NE, Albuquerque, NM 87107  
505/266-2000 (fax) 505/266-0300