

**EVO HOMEOWNERS ASSOCIATION
RESIDENTIAL OWNER/TENANT INFORMATION FORM**

FOR EXISTING OWNER OR TENANT

DATE SUBMITTED: _____ UNIT # _____

NAME: _____

***Only make notations for those items you would like changed or deleted.
All information in upper right corner and signature at bottom are required to process your requested changes.***

BILLING ADDRESS

TENANT(S) NAME

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE: BUSINESS

PHONE: BUSINESS

FAX

FAX

HOME

HOME

E-MAIL

E-MAIL

EMERGENCY CONTACT / RELATIONSHIP

EMERGENCY CONTACT PHONE

Please send your completed form to:

Evo Homeowners Association
c/o Management Office
1155 S. Grand Ave.
Los Angeles, CA 90015
(213) 741 – 2700
FAX: (213) 741 - 2118