

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

***NEW OWNER OR TENANTS ONLY***

In order to serve its residents better, Management would like to have certain information on the Association database for billing, emergency and informational purposes. Please complete the following and return to Management upon move-in.

DATE SUBMITTED: \_\_\_\_\_ UNIT # \_\_\_\_\_

**UNIT OWNER(S):**

**TENANT(S):**

\_\_\_\_\_  
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

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