

THE HILLS OF ARGYLE HOMEOWNERS' ASSOCIATION

HOMEOWNER SURVEY FORM

Please complete the following form and return it to 2500 Legacy Drive, Suite 220, Frisco, Texas 75034 or fax it to (469) 384-4653. It is important that your Association has this information in case of fire, security problems or medical emergency. If applicable, this information will also be included in a community roster.

_____ Purchase from Builder (new home)

_____ Purchase of existing home

Full Name (Owner No. 1): _____ Nickname: _____

Full Name (Owner No. 2): _____ Nickname: _____

Street Address: _____

City, State, and Zip: _____

Phone Numbers (Owner No. 1): Day _____ Evening _____

Phone Numbers (Owner No. 2): Day _____ Evening _____

E-Mail Address (Owner No. 1): _____

E-Mail Address (Owner No. 2): _____

List full names of all persons living in residence:

1) Name: _____ Sex: _____ Birth Date: _____

2) Name: _____ Sex: _____ Birth Date: _____

3) Name: _____ Sex: _____ Birth Date: _____

4) Name: _____ Sex: _____ Birth Date: _____

In case of Emergency contact:

Name: _____ Relationship: _____

Street Address: _____

City, State, Zip: _____

Phone Numbers: Day _____ Evening _____