

COMMUNITY INFORMATION / CONTACT UPDATE FORM

Please complete and return this form to RealManage in order to help us in making sure that we have the most accurate and up-to-date information on file.

Association Name: _____

Owner Name(s): _____

Property Address:

**Mailing Address
(If different from Property Address):**

Authorized Person: _____

(Person authorized to receive all information
Including financial information regarding the
property.)

Email Address: _____ 2nd Email Address: _____

Primary Phone #: _____ Alternate Phone Number: _____

I agree to accept electronic transmissions for Association Information.

(Please check one) YES **NO**

Owner Signature: _____ Date: _____

2nd Owner Signature: _____ Date: _____

Please return form to:

Fax: 866-919-5696

Email: REALSERVICE@CIRAMAIL.COM