

INFORMATION REQUEST FORM

Within (7) days, please drop your completed form into the box on the corner of Robin Lane & Amber Drive, or mail it to: 1 Amber Drive, Croton on Hudson, NY 10520.

Information in **BOLD** is required.

(PLEASE PRINT CLEARLY)

Required Information

Owner(s) Name(s) _____

Unit Address _____

Lienholder(s) on property (e.g. mortgage bank, home equity loan banks)

- **Lienholder 1** _____
- Lienholder 2 _____
- Lienholder 3 _____

Name of homeowners' insurance company: _____

Policy number: _____

Insurance Company's address: _____

Home Phone Number _____ () _____

Email Address _____

Work Phone Number (optional) _____ () _____

Owner's Preferred method of contact

(home/work phone, US Mail, email) _____

*Thank You for Your Help and Cooperation!
The Scenic Ridge Board of Directors*