

# MAXWELL CREEK NORTH HOMEOWNERS ASSOCIATION, INC.

## 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 \_\_\_\_\_

**\*EXTREMELY IMPORTANT:** If applicable, please complete this form and return to our office as quickly as possible in order for you to obtain your pool access cards and / or keys, or your payment coupon booklet.