

# Briargate Second Owners Association Unit Communication Information

Condo Unit Address: \_\_\_\_\_

Owner Legal Name: \_\_\_\_\_

*Last, First, Middle Initial*

Mailing Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City, State Zip*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

First Mortgage Lender: \_\_\_\_\_

Branch Phone Number: \_\_\_\_\_

Purchase Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*DD/MM/YY*

Resident 1: \_\_\_\_\_

*Last, First, Middle Initial*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Resident 2: \_\_\_\_\_

*Last, First, Middle Initial*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

*Last, First, Middle Initial*

Phone: \_\_\_\_\_

## Notification of Change

By signing below, I acknowledge the information above is correct and will be responsible to provide written notification to the board of any changes

Please provide notifications by mailing to: [Briargate Second Owners Association](#)  
[P.O. Box 1049](#)  
[Marion, IA 52302](#)

or emailing: [BriargateSOA@Gmail.com](mailto:BriargateSOA@Gmail.com)

\_\_\_\_\_  
*Signature*