HARPER'S PRESERVE			FOR OFFI	FOR OFFICE USE ONLY		
C/O SBB MANAGEMEN	IT, INC.					
6630 Cypresswood Dr	#100					
Spring, Texas 77379			Date rece	Date received		
Phone: 281-857-6027						
Email: harpers-csm@sbb	omanagement.com					
<b>OWNER/RESIDENT IN</b>	FORMATION FORM					
Owners are required	to provide the Association v	with the following	; information within	n 30 days of acquiri	ng an	
interest in a property	. This information can be c	ritical in an emerg	ency.		-	
Property Address:			Owner 🗆 Resident 🗆			
Full Name:		Mr. Ms. Miss. Mrs. Dr.				
Mailing Address:	City	State	Zip			
Home Phone:		Business Pho	one:			
Fax:		Mobile Phone:				
E-Mail Address:		I				
SPOUSE INFORMATIC	N:					
Name:		Mr. Ms. D	Mr. Ms. Miss. Mrs. Dr.			
Business Phone:		Mobile Phor	Mobile Phone:			
Other:		Fax:	Fax:			
E-Mail Address:						
Children/Other Reside	ent Names		Date of Birth Sex			
· · · ·						
VEHICLES						
LICENSE TAG: YEAR:		MAKE:	MODEL:	COLOR:		
EMERGENCY CONTAC	Т					
Full Name:	<u>-</u>	Relationship:				
Home Phone:		Business Phone:				
Pager:		Mobile Phone:				
	e kent confidential. The pur		ose of the request is to maintain proper records, identify the			
	ise the facilities, and have er				y the	
Please send this comp	leted form via email at <u>harp</u>	ers-csm@sbbmar	nagement.com or m	ail to –		
6630 Cypresswood Dr	<sup>•</sup> #100 Spring, Tx 77379					