



Homeowner/Tenant Information Form

Required Account Information

NEW TOWN

Homeowner Name(s): _____/_____

Property Address: _____ Lot/Unit #: _____

Bill-To Address: _____

(If different from above property address)

Primary Contact Number _____ Home / Cell / Work

Secondary Contact Number _____ Home / Cell / Work

E-mail: _____/_____

Employer(s): _____

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- Are you currently leasing your Unit? -Yes -No **If YES, please provide the following information:*

Tenant Information

• Name: _____	• Name: _____
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Phone #: _____	Phone #: _____
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E-mail: _____	E-mail: _____
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- Term of Lease: (Start Date) _____ (End Date) _____

- Does your tenant(s) have any pets? -Yes -No

Number of Pets and Type: _____

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Please return this completed form to:
New Town at St. Charles General Assembly.
3333-5 Rue Royale Street
St. Charles, MO 63301
Fax: 636-916-2019
Email: staff@ntga.net