



Homeowner/Tenant Information Form

Required Account Information

NEW TOWN AT ST. CHARLES®

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): _____

I would like to have access to the New Town at St. Charles General Assembly's website, www.NTGA.net
I understand that I will receive updates on events and community happenings by email. If at any time, I would like to unsubscribe I am free to do so.

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

Tenant Information

• Name: _____ • Name: _____

Phone #: _____ Phone #: _____

E-mail: _____ E-mail: _____

• 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.

3312-1 Rue Royale Street

St. Charles, MO 63301

Fax: 636-916-2019

Email: staff@ntga.net