

LEISURE VALLEY RANCH

PROPERTY OWNER

INFORMATION/UPDATE FORM

Date Submitted: _____ **Anniversary Date:** _____

Last Name: _____ **First Name:** _____ **Birthdate:** _____
(M/D/YY)

Last Name: _____ **First Name:** _____ **Birthdate:** _____
(M/D/YY)

Branch of Military Service: Name & Branch: _____

VALLEY INFORMATION

If NEW OWNER, Property Purchased From: _____
Date of Purchase: _____

Residence Lot #: _____ **Additional Lots Owned: #** _____ **#** _____ **#** _____ **#** _____

Type of Resident Lot: (Please circle): **RV** **Mobile** **House** **Rental**

Is Residence Lot part of any combined lot? If so, Lot # _____ **or half lot #** _____

Year Round Resident: (Please circle) **Yes** **No**

LVR Residence Street Address: _____ **Mission, TX**

Valley Mailing Address (if different): _____

Valley Telephone: (956) _____ **Cell Phone:** _____ **Cell Phone:** _____

Phone Number that you can be reached at all times: _____

Email Address: _____

Emergency Contact Name & Number: _____

SUMMER INFORMATION

Summer Mailing Address: _____

CITY _____ **STATE** _____ **ZIP** _____

Summer Telephone: _____

Office use: Date Entered _____ Operator: _____