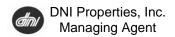
HOMEOWNER/TENANT INFORMATION FORM



REQUIRED ACCOUNT INFORMATION

Community Name:	
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):	
EMERGENCY CONTACT INFORMATION	
• Name: •	Name:
Phone #:	Phone #:
Relation:	Relation:
Are you currently leasing your Unit? □-Yes □-No * <i>If YES</i> ,	
Tenant Informa	<u>tion</u>
• Name: •	Name:
Phone #:	Phone #:
E-mail:	E-mail:
Term of Lease: (Start Date)	(End Date)
◆ Have you supplied a lease to DNI Properties? □-Yes □	

Please return this completed form to:

DNI Properties, Inc. 662 Office Parkway Creve Coeur, MO 63141

Fax: (314) 576-0718
Email: info@dniproperties.com