

# Castlegate Owners Association

PO Box 197  
Wellborn, Texas 77881  
Phone: (979) 690-2330 Fax: (979) 690-0330

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## Register your contact & tenant information with Castlegate Owners Association Inc.

PLEASE COMPLETE THE FORM BELOW AND FAX, MAIL OR E-MAIL THE INFORMATION DIRECTLY TO [office@hoapartners.net](mailto:office@hoapartners.net)

Some information and updates regarding the community are only sent out via e-mail.

Date: \_\_\_\_\_

**Castlegate Address:** \_\_\_\_\_

### Contact Information:

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact if you cannot be reached:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### LEASING AGENT INFORMATION:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### PLEASE INDICATE BELOW HOW YOU PREFER YOUR MONTHLY BILLING:

Copy my leasing company on my HOA account; billing and statement

Do not copy my leasing company on my HOA account; billing and statement

**Castlegate Address:** \_\_\_\_\_

**Tenant Registration:** My child will occupy this home.

(Contact information required for each occupant)

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_