

**CRITICAL EMERGENCY INFORMATION  
RIVERWATCH HOMEOWNER ASSOCIATION, INC.**

Your home represents a significant investment. **HELP US PROTECT YOUR INVESTMENT!!** Complete the following and return it today so that we can update the records. **PLEASE PRINT.**

\_\_\_\_\_ DATE: \_\_\_\_\_  
Address

**OWNER(S)**

\_\_\_\_\_ O (\_\_\_\_) \_\_\_\_\_ H(\_\_\_\_) \_\_\_\_\_

NAME: First, Last

\_\_\_\_\_ Car License: (optional) \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail: \_\_\_\_\_

**OWNER(S)**

\_\_\_\_\_ O (\_\_\_\_) \_\_\_\_\_ H(\_\_\_\_) \_\_\_\_\_

NAME: First, Last

\_\_\_\_\_ Car License: (optional) \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail: \_\_\_\_\_

.....  
**EMERGENCY CONTACT \*\*\* (Other Than Owners) \*\*\***

\_\_\_\_\_ O (\_\_\_\_) \_\_\_\_\_ H(\_\_\_\_) \_\_\_\_\_

NAME: First, Last

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street Address

.....  
**CURRENT ADDRESS OF OWNER(S) WHO DO NOT LIVE AT THE PROPERTY**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street Address

.....  
**TENANTS**

\_\_\_\_\_ O (\_\_\_\_) \_\_\_\_\_ H(\_\_\_\_) \_\_\_\_\_

NAME: First, Last

\_\_\_\_\_ O (\_\_\_\_) \_\_\_\_\_ H(\_\_\_\_) \_\_\_\_\_

NAME: First, Last

It is every owner's responsibility to ensure that the Association's records contain accurate information. Please know that this information is confidential.

Questions?? Call 757-327-0037. Mail completed form to Community Partners of Virginia, Inc. 1730-F George Washington Memorial Highway, Yorktown, VA 23693.

In case of an emergency, we will contact the following persons of record, in the following order: 1) The resident owner or tenant. 2) The non-resident owner (if local). 3) The emergency contact person.