

CS Tower Point Association

Owner Registration Form

Date: _____

Tower Point Address: _____

Contact Information

Owner/Primary/Billing (circle or underline to indicate contact type)

First & Last Name: _____

Company Name (if applicable): _____

Cell Phone: _____ Text Yes No Alternate Phone: _____

Email Address: _____

Owner/Primary/Billing (circle or underline to indicate contact type)

First & Last Name: _____

Company Name (if applicable): _____

Cell Phone: _____ Text Yes No Alternate Phone: _____

Email Address: _____

Billing Address (if different from property address): _____

Emergency contact:

Name: _____ Email: _____

Cell Phone: _____

Property Management Company:

Company Name: _____ Contact Person: _____

Email: _____ Office Phone: _____

Address: _____

Please indicate below how you prefer your billing:

Do Do not copy my management company on my account billing and statement.

Record additional contacts on a separate page.

Submit form to:

CS Tower Point Association
c/o Cortiers Property Management
4121 SH-6 South, Ste 210
College Station, TX 77845

Office: (979) 314-4234
Fax: (979) 985-5596
Email: towerpoint@aggielandhouses.com

Please note: Some information and updates regarding the community are only sent via email.