



CTAA Membership Management Company Update Form

Date: _____

Name of person filing out form: _____ Position/Title: _____

Email: _____ Phone #: _____

Total Number of CT Properties: _____

Name of Company: _____

Primary Contact: _____ Contact Email _____ Phone # _____

Billing Contact: _____ Contact Email _____ Phone # _____

Billing Address: _____

Individual asset information of all CT Properties: (Include separate list if needed) :

#1) Property Name _____ Unit Count _____

Address _____

Main Contact Name _____ Email Address _____ Phone: _____

Billing Contact Name _____ Email Address _____ Phone _____

Other Site Staff Name _____ Email Address _____

Other Site Staff Name _____ Email Address _____

Other Site Staff Name _____ Email Address _____

#2) Property Name _____ Unit Count _____

Address _____

Main Contact Name _____ Email Address _____ Phone: _____

Billing Contact Name _____ Email Address _____ Phone _____

Other Site Staff Name _____ Email Address _____

Other Site Staff Name _____ Email Address _____

Other Site Staff Name _____ Email Address _____

#3) Property Name _____ Unit Count _____

Address _____

Main Contact Name _____ Email Address _____ Phone: _____

Billing Contact Name _____ Email Address _____ Phone _____

Other Site Staff Name _____ Email Address _____

Other Site Staff Name _____ Email Address _____

Other Site Staff Name _____ Email Address _____

#4) Property Name _____ Unit Count _____
Address _____
Main Contact Name _____ Email Address _____ Phone: _____
Billing Contact Name _____ Email Address _____ Phone _____
Other Site Staff Name _____ Email Address _____

#4) Property Name _____ Unit Count _____
Address _____
Main Contact Name _____ Email Address _____ Phone: _____
Billing Contact Name _____ Email Address _____ Phone _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____

#5) Property Name _____ Unit Count _____
Address _____
Main Contact Name _____ Email Address _____ Phone: _____
Billing Contact Name _____ Email Address _____ Phone _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____

#6) Property Name _____ Unit Count _____
Address _____
Main Contact Name _____ Email Address _____ Phone: _____
Billing Contact Name _____ Email Address _____ Phone _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____

#7) Property Name _____ Unit Count _____
Address _____
Main Contact Name _____ Email Address _____ Phone: _____
Billing Contact Name _____ Email Address _____ Phone _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____

#8) Property Name _____ Unit Count _____
Address _____
Main Contact Name _____ Email Address _____ Phone: _____
Billing Contact Name _____ Email Address _____ Phone _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____
Other Site Staff Name _____ Email Address _____

ATTACH SEPARATE SHEET IF NECESSARY TO LIST ALL PROPERTIES

CT Apartment Association: Lasalle Rd, PO Box 271381 | West Hartford, CT 06127 | info@ctaahq.org