

## CTAA Membership Management Company Update Form

of person filing out form:		Position/Title:	
	Phone #:		
umber of CT Properties:			
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 nee	eded) :
#1) Property Name			Unit Count
Address			
Main Contact Name		Email Address	
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			
Address Main Contact Name		Email Address	Phone:
Address Main Contact Name Billing Contact Name		Email Address	
Main Contact Name		Email Address Email Address	Phone
Main Contact Name Billing Contact Name		Email Address Email Address Email Address	Phone
Main Contact Name Billing Contact Name Other Site Staff Name		Email Address Email Address Email Address Email Address Email Address	Phone
Main Contact Name Billing Contact Name Other Site Staff Name Other Site Staff Name Other Site Staff Name		Email Address Email Address Email Address Email Address Email Address Email Address	Phone
Main Contact Name Billing Contact Name Other Site Staff Name Other Site Staff Name Other Site Staff Name #3) Property Name		Email Address Email Address Email Address Email Address Email Address Email Address	Phone
Main Contact Name Billing Contact Name Other Site Staff Name Other Site Staff Name Other Site Staff Name #3) Property Name Address		Email Address Email Address Email Address Email Address Email Address Email Address	Phone Unit Count
Main Contact Name Billing Contact Name Other Site Staff Name Other Site Staff Name Other Site Staff Name #3) Property Name Address Main Contact Name		Email Address Email Address Email Address Email Address Email Address Email Address	Phone Unit Count Phone:
Main Contact Name Billing Contact Name Other Site Staff Name Other Site Staff Name Other Site Staff Name #3) Property Name Address Main Contact Name Billing Contact Name		Email Address Email Address Email Address Email Address Email Address Email Address Email Address Email Address	Phone Unit Count Phone: Phone
Main Contact Name Billing Contact Name Other Site Staff Name Other Site Staff Name Other Site Staff Name #3) Property Name Address Main Contact Name		Email Address Email Address Email Address Email Address Email Address Email Address Email Address Email Address Email Address	Phone

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