

PROPERTY OWNER & PROPERTY MANAGEMENT CONTACT INFORMATION UPDATE FORM

(TYPE OR PRINT LEGIBLY)

RETURN BY EMAIL TO: lahd.occmonitor@lacity.org

Effective Date:	1	1	(Format: MM/DD/YYYY)		
	Project Inf	ormation			
Project Name:	Project S	treet Addre	ss:		
APN:	City:		Zip:	Total Res. Units:	
Owne	r/Legal En	tity Inform	ation		
Owner Name (First & Last) <u>OR</u> Legal Entity Name:					
If the Owner is a Legal Entity	y, please pro	vide the follo	owing addition	al information.	
Legal Entity's Contact Name:	Legal Enti	ty Phone:	Legal En	tity Email:	
Owner/Entity Street Address:			•		
City, State, Zip Code:					
Owner/Entity Phone Numbers:	Work: ()	Cell	:()	
Owner/Entity Email:					
Property Ma	nagement	Company	Information		
Property Management (PM) Company	:				
Street Address:					
City, State, Zip Code:					
PM Contact Name (First & Last):			Title):	
PM Contact Phone Numbers:	Work: ()	Cell	:()	
PM Contact Email:					
On-Site Manager Name (First & Last):					
On-Site Manager Phone Numbers:	Work: ()	Cell	:()	
On-Site Manager Email:					
Contact In	formation	for Corres	pondence		
Contact Name:					
Street Address:					
City, State, Zip Code:					
Phone: ()	Email Address:				
The information in this document is true and know			effective as of the	e date indicated above.	