



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463  
Ph: (561) 641-8554 / www.grsmgt.com

**TIERRA DEL SOL CONDOMNIUM ASSOCIATION, INC.  
HOMEOWNER INFORMATION**

**OWNER INFORMATION: (Please print legibly)**

Homeowners' Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Cell Number (1): \_\_\_\_\_ Cell Number (2): \_\_\_\_\_  
E-Mail Addresses: \_\_\_\_\_ / \_\_\_\_\_  
Owner's Signature \_\_\_\_\_  
Owner's Signature \_\_\_\_\_

**RESIDENT INFORMATION:**

Resident's Name (other than above): \_\_\_\_\_  
Cell Number (1): \_\_\_\_\_ Cell Number (2): \_\_\_\_\_  
E-Mail Addresses: \_\_\_\_\_ / \_\_\_\_\_  
Residents Signature: \_\_\_\_\_  
Residents Signature: \_\_\_\_\_

**TENANT INFORMATION: (if applicable)**

Tenant's Name: \_\_\_\_\_  
Tenant's Name: \_\_\_\_\_  
Term of Lease: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Executed Copy of Lease and Copy of Lease Approval attached - (circle one):    **YES**    **NO**

**VEHICLE INFORMATION:**

**Vehicle 1:** Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_  
Insurance Co. Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
**Vehicle 2:** Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_  
Insurance Co. Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Homeowners' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT TO GRS AT ABOVE ADDRESS OR VIA EMAIL TO: [RESIDENTSERVICES@GRSMGT.COM](mailto:RESIDENTSERVICES@GRSMGT.COM).**