



# PROPERTY OWNER & PROPERTY MANAGEMENT INFORMATION UPDATE FORM

(TYPE OR PRINT LEGIBLY)

**RETURN BY EMAIL TO: [lahd.occmonitor@lacity.org](mailto:lahd.occmonitor@lacity.org)**

Information below is accurate as of:                    /                    /                    (Format: MM/DD/YYYY)	
<b>Project Information</b>	
<b>Project Name:</b>	<b>Project Street Address:</b>
<b>APN:</b>	<b>City:</b> <b>ZIP:</b> <b>Total Res. Units:</b>
<b>Owner Information</b>	
Owner Name (first & last):	
Street Address:	
City, State, Zip code:	
Work Phone: (        )	Mobile Phone: (        )
Email:	
<b>If the owner is a Legal Entity</b>	<b>Legal Entity Name:</b>
Legal Entity's contact name:	Entity Phone: (        )                    Entity Email:
<b>Property Management Company Information</b>	
Property Management Company:	
Street Address:	
City, State, Zip Code:	
Company Contact Name (first & last):	<b>Title:</b>
Work Phone: (        )	Mobile Phone: (        )
Email:	
On-Site Manager Name (first & last):	
On-Site Manager Contact Phones:	Work: (        )                    Cell: (        )
<b>Contact Information for Correspondence</b>	
Contact Name:	
Street Address:	
City, State, Zip Code:	
Work Phone: (        )	Email Address:
The information in this document is true and knowingly submitted to LAHD and effective as of the date indicated above.	
_____	_____
<i>Type or print the name &amp; title of the person submitting the document</i>	<i>Signature</i>