



CITY *of* CLOVIS

POLICE DEPARTMENT

1233 FIFTH STREET • CLOVIS, CA 93612

City of Clovis Apartment Manager/Owner Contact Form

Apartment Name: _____

Apartment Address: _____

Apartment Complex Phone Number: _____

Number of Units at this Location: _____

On Site Manager (Check one): Yes _____ No _____

24-Hour Emergency Contact Name & Number: _____

Apartment Owner:

Owner Name: _____

Address: _____

Phone Number: _____

Email: _____

Apartment Manager:

Manager Name: _____

Address: _____

Phone Number: _____

Email: _____

Property Management Company:

Property Management Company Name: _____

Address: _____

Phone Number: _____

Email: _____

Additional Info: _____