



APPENDIX 9



Property Management Contact Information

For [Name and Address of Property]

As of [DATE]

Disability Coordinator (must be senior manager)

Name:

Title:

Phone Number:

Email Address:

24-Hour Emergency Contact

Name:

Title:

Phone Number:

Email Address:

On-Site Property/Resident Manager

Name:

Unit Number:

Phone Number:

Email Address:

On-Site Assistant Manager or Secondary Contact Person

Name:

Unit Number:

Phone Number:

Email Address:

Property Management Company

Company Name:

Contact Person Name:

Phone Number:

Email Address: