



DATE: _____

UNIT # _____ UNIT TELEPHONE NO: _____

ARE YOU AN OWNER _____ OR A LESSEE _____ LEASE EXPIRATION DATE _____

A. UNIT OWNER INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

COMPLETE THE FOLLOWING SECTION ONLY IF THE UNIT IS OWNED BY A CORPORATION:

Name of Corporation: _____

President: _____ Secretary: _____

Contact Person: _____ Telephone No: _____

Fax No: _____ E-Mail Address: _____

B. CHILDREN/FAMILY/GUEST INFORMATION

List all children/family members/guests that are permitted free access to the unit **at all times**:

	Name	Relation to Unit Owner	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

PLEASE NOTE: The Association requires prior written notification of the name(s), arrival date and length of time guests will be in residence.

C. UNIT OWNER CONTACT INFORMATION

Home Telephone No: _____ Fax Number: _____
Cell Phone Number: _____ Office No: _____
E-Mail Address: _____ Other: _____

D. BILLING INFORMATION

This information will be used strictly for billing/maintenance payment issues:

Name of person to contact regarding billing: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____ Other: _____
Billing Address: _____

E. EMERGENCY ASSISTANCE INFORMATION

List of Person(s) residing in the unit who will require assistance during a building evacuation:

Name	Reason for Assistance
_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact: _____ Telephone Number: _____

F. PARKING SPACE INFORMATION

List the parking space numbers that are owned and attached to the unit:

F. VEHICLE INFORMATION

List the vehicles that are parked in the garage:

	Make/Model	Year	Color	License Plate Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

G. BICYCLE INFORMATION

List the bicycles that are kept in the garage:

Maker/Style	Color	Decal No.	Maker/Style	Color	Decal No.
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

H. SERVICE PROVIDER INFORMATION

List the service personnel who are permitted access to the unit (i.e. housekeeper):

Name	Service Provided
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**PLEASE BE ADVISED IT IS THE UNIT OWNER'S RESPONSIBILITY TO NOTIFY THE
MANAGEMENT OFFICE *IN WRITING* OF ANY CHANGES TO THE ABOVE
INFORMATION PROVIDED.**

Owner's Signature

Date