

| | | |
|----------------|-----------------|--------------------|
| Unit #: | Address: | % Interest: |
|----------------|-----------------|--------------------|

A. OWNER(S) INFORMATION

Last Date Modified:

| | | |
|----------------|---------------------------|---------------------------|
| Emergency Key: | Last Name: First Name: | Last Name: First Name: |
|----------------|---------------------------|---------------------------|

| | | | | |
|--|---|---|---|---|
| Unit Owner <input type="checkbox"/> | Unit Rented <input type="checkbox"/> | Unit Vacant <input type="checkbox"/> | Unit Commercial <input type="checkbox"/> | Unit Repossession <input type="checkbox"/> |
|--|---|---|---|---|

| | | |
|---|------------------|--|
| ALTERNATE Mailing Address: Street: _____ City/State: _____ ZIP: _____ Foreign Country: _____ | Home Phone: | Resident Email: Business Email: |
| | Home Fax: | |
| | Mobile Phone: | |
| | Office Phone: | |
| | Office Fax: | |
| | Foreign Country: | |

| | | |
|--|--|---|
| AGENT INFO/IF Rented/Owner Emergency Contact Owner's Agent Name/s: _____ Agent Street Address: _____ Agent City/State/Zip: _____ Agent Phone Number: _____ Agent Fax Number: _____ Agent Cell Number: _____ | Settlement papers in office <input type="checkbox"/> | Lock Box <input type="checkbox"/> |
| | Emergency keys in office <input type="checkbox"/> | LB Install Date |
| | Status Unknown <input type="checkbox"/> | LB Serial # |
| | Renter's Insurance <input type="checkbox"/> | Special Election <input type="checkbox"/> |
| | Lease Addendum <input type="checkbox"/> | In Trust <input type="checkbox"/> |
| | Addend Date | For Sale <input type="checkbox"/> |

B. RESIDENT(S) OF UNIT; If rented Lease Term: From: _____ To: _____ ; Lease Copy in office? Yes No

| First Name | Last Name: | Work Phone: | Ext. | Bicycle Tag # |
|------------|------------|-------------|------|---------------|
| | | | | Tag A |
| | | | | Tag B |
| | | | | Tag C |
| | | | | Tag D |
| | | | | Tag E |
| | | | | Tag F |
| | | | | Tag G |

Resident's Home Phone: _____ Resident's Cell Phone _____

C. STORAGE

Storage Bin #: _____ Storage Bin used by owner? Yes No Bin Assigned Date: _____
 If no, Storage Bin being used by _____ of Unit # _____

D. PARKING; 1ST Space #: _____ Used by Owner? Yes No If no, Space used by: _____ of Unit # _____
 2nd Space #: _____ Used by Owner? Yes No If no, Space used by: _____ of Unit # _____

E. VEHICLE INFORMATION

| Make | Model | Color | Year | Tag # | State | LTC Sticker Tag # |
|------|-------|-------|------|-------|-------|-------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

F. EMERGENCY CONTACT

| | |
|-------------|-------------|
| Name: | Address: |
| Home Phone: | Work Phone: |
| | Ext.: |

G. HANDICAPS/Any Handicaps? Life-Line?

If yes, Briefly describe: _____

H. PETS INFOR/Any Pets? Yes

If yes, Briefly describe: _____

I. OWNER/RESIDENT ADDITIONAL INFO:
