

2008 HOMEOWNER DATA SHEET FOR UNIT # _____**LEGAL OWNER**#1 First Name: _____ Last Name: _____
SS # ____/____/____ Date of Birth: ____/____/____

Home Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Employer: _____

Employer Address: _____

Work Phone Number: (_____) _____ Ext. _____

LEGAL OWNER#2 First Name: _____ Last Name: _____
SS # ____/____/____ Date of Birth: ____/____/____

Work Phone Number: (_____) _____ Ext. _____

Cell Phone Number: (_____) _____

Employer: _____

Employer Address: _____

Work Phone Number: (_____) _____ Ext. _____

IS THIS A RENTAL UNIT? NO YES

Owners Mailing Address If Different From Unit Address: _____

EMERGENCY CONTACT NAME:**PHONE NUMBER:****ALT. NUMBER:**

WE CONSIDER EMERGENCIES TO BE INJURY TO, OR POTENTIAL INJURY TO PERSONS OR PROPERTY

An Emergency Contact should be someone who can respond with a key to unit or who can reach Homeowner or Key Holder quickly.

IN ADDITION TO THE LEGAL OWNERS STATED ABOVE PLEASE LIST BELOW THE PEOPLE LIVING IN UNIT

#1 First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Relationship: _____

#2 First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Relationship: _____

#3 First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Relationship: _____

#4 First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Relationship: _____

#5 First Name: _____ Last Name: _____ Date of Birth: ____/____/____ Relationship: _____

VEHICLE INFORMATION

#1 Plate Number: _____ State: _____ Make: _____ Model: _____

#2 Plate Number: _____ State: _____ Make: _____ Model: _____

#3 Plate Number: _____ State: _____ Make: _____ Model: _____

IF THIS IS A RENTAL UNIT WE REQUIRE THE FOLLOWING CONTACT INFORMATION FOR YOUR TENANT

Home Number: _____

Work Number: _____

Cell Phone: _____

Date Lease Expires: _____

This Form Must Be Completed By All Homeowners and Returned to the HOA Office No Later Than February 1, 2008!