

2020 UNIT OWNER PERSONAL DATA SHEET

In the event of an emergency, and to carry out business, your Association officials require the following information in order to take the necessary action to address the problem. Please fill in all relevant fields below and return to the Board of Directors.

Unit Owner(s) Name(s) on Deed: _____ Unit# _____

Out of Town Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Local Phone: _____ Out of Town Phone: _____

Cell Phone: _____ Email: _____

Mailing Address for ALL Association and Fee Mailings:

Name: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Holders of Duplicate Unit Keys (Relatives, Aides, Cleaning Services, etc.):

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Persons to be Notified In Case Of Emergency:

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

When You Are Away, You Are Responsible for Having Your Condo Unit Checked a Minimum of Twice a Month:

Condo Sitter Name: _____ Phone: _____

Email: _____

Condominium Insurance: Strongly Suggested by our Association; but, currently not required by FL law

Company: _____ Policy# _____ Phone: _____

AC/Appliance Service Company (i.e. Pride;ECM): _____ Phone: _____

Date on Hot Water Heater: Tank: _____ or Tankless: _____

Any additional info place on back of form. Any changes, please inform the Board immediately.