

**LANGSHIRE OF LEGENDS**  
**CONTACT AND EMERGENCY ENTRY**  
**INFORMATION FORM**

**Please:**  
**ONLY** return if  
providing new  
information.

**CONTACT INFORMATION:**

Date Completed: \_\_\_\_\_

Name: \_\_\_\_\_

Your Langshire Address: \_\_\_\_\_

\_\_\_\_\_

Date of Purchase: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone @ Association: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Please Check Appropriate Boxes:

☐ Permanent Residence

☐ Part-Time Residence: Dates Occupied: \_\_\_\_\_

☐ Yes, This is My Mailing Address

Additional Address: \_\_\_\_\_

\_\_\_\_\_ ☐ Yes, This is My Mailing Address

Add. Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

I Allow My Property To Be Leased: Leasing Agency: \_\_\_\_\_

Leasing Agency Contact Info: \_\_\_\_\_

ADDITIONAL CONTACT INFORMATION (Other Numbers, Second E-Mail Address, etc...)

\_\_\_\_\_

=====

**EMERGENCY CONTACT INFORMATION** (Person to contact if you are not at residence and entry is needed)

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

The above mentioned person has been given an entry key to my residence and has been given permission to allow access into my home in case of an emergency.

\_\_\_\_\_  
Signature

**Please return completed form to:**  
**Tropical Isles Management**  
**12734 Kenwood Lane, Suite 49**  
**Ft. Myers, FL 33907**  
**ATTN: [Susie@tropicalisles.net](mailto:Susie@tropicalisles.net)**