

**VANTAGE POINTE HOMEOWNER'S ASSOCIATION**

**Emergency Contact Information**

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

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

In the event of an emergency contact:

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

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

Phone number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Who has a key to your residence?

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

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

Phone number(s): \_\_\_\_\_

Optional:

**Request for VPHA Emergency Key Service**

I authorize The Vantage Pointe Board of Directors to hold a key to my home in the safe located in the clubhouse office for emergency use (i.e., storm or fire damage, power outage) or per my request. I hereby also release The Board of Directors from liability for this requested service.

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Signature of owner