

**FAIRWAYS ROYALE ASSOCIATION, INC.**  
**950 N.E. 14<sup>th</sup> Avenue., Hallandale, FL 33009**  
**Office: (954) 458-0129 Fax (954)458-7960**  
**manager@fairwaysroyaleassn.com**

**OWNER INFORMATION FORM**

**UNIT NO.:** \_\_\_\_\_ **Building A/B/M:** \_\_\_\_\_

**OWNER'S NAMES (S) ON TITLE TO UNIT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME (S) OF OCCUPANTS IN THE UNIT:**

_____	_____	_____	_____
FULL LEGAL NAME	AGE/DOB	EMAIL ADDRESS	PHONE #

_____	_____	_____	_____
FULL LEGAL NAME	AGE/DOB	EMAIL ADDRESS	PHONE #

_____	_____	_____	_____
FULL LEGAL NAME	AGE/DOB	EMAIL ADDRESS	PHONE #

At least one of the occupants of the unit is over 55 years of age: YES: \_\_\_\_ NO: \_\_\_\_

For rented units, lease start date: \_\_\_\_\_ end date: \_\_\_\_\_

Tenants name(s): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: NAME:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_

**KEYS WITH OFFICE (REQUIRED per Association By-Laws): YES**\_\_\_\_ **NO**\_\_\_\_

**PARKING SPOT #** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Make/Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Tag#:** \_\_\_\_\_

**WINDOWS AND DOORS: Please indicate which windows and doors are hurricane and impact resistant.**

Bedroom #1: Yes: ____ No: ____	Bedroom #2: Yes: ____ No: ____
Bedroom Terrace Door: Yes: ____ No: ____	Kitchen Window: Yes: ____ No: ____
Kitchen Door: Yes: ____ No: ____	Entry Door: Yes: ____ No: ____
Terrace Door: Yes: ____ No: ____	Bathroom Window: Yes: ____ No: ____

All the above information is given to the Association **Voluntarily** and is not required but suggested you keep this form on file with the association. If you want to include more information, please attach a sheet.

**I hereby confirm that the information contained herein is true and accurate.**

**Sign Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_