



UNIT OWNER CONTACT INFORMATION

UNIT # _____

OWNER'S LAST NAME _____

OWNER'S FIRST NAME _____

ADDITIONAL OWNER'S FULL NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

ADDITIONAL MAILING ADDRESS _____

PHONE _____ CELL _____ CELL _____

EMAIL _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

PERMISSION TO CORRESPOND ASSOCIATION BUSINESS THROUGH EMAIL YES NO

PERMISSION TO CHANGE INSIDE UNIT A/C FILTER QUARTELY YES NO

OWNER'S PET INFORMATION (IF APPLICABLE)

*PLEASE SEE CASTLE REEF'S GOVERNING DOCUMENTS PERTAINING TO PET OWNERSHIP

PET TYPE (DOG/CAT/ETC.,) _____

HOW MANY _____

BREED _____

COLOR/WEIGHT _____

VETERINARIAN CONTACT INFO _____

RABIES EXPIRATION DATE (STATE LAW) _____

*PLEASE PROVIDE PHOTO OF PET