Sea Country Community Association CONFIDENTIAL PERSONAL DATA CARD

LOT NUMBER	DATE
OWNER:	TENANT:
NAME	NAME
ADDRESS	ADDRESS
ADDRESS	ADDRESS
PHONE	PHONE
EMAIL	EMAIL
RECEIPT OF HOUSE RULES:	RECEIPT OF HOUSE RULES:
	Sea Country Master YES NO
Sea Country Master Holomoana Wailana YES □ NO □ YES □ NO □ YES □ NO □	Holomoana YES NO
Wailana YES NO NO	Holomoana YES NO Wailana YES NO
RECEIPT OF HOUSE RULES	RECEIPT OF HOUSE RULES
SIGNATURE	SIGNATURE
RENTAL AGENT:	<u>LEASE:</u>
COMPANY	ISSUED
AGENT	EXPIRES
ADDRESS	FILED WITH ASSOCIATION OFFICE
	$_{ m YES}$ \square $_{ m NO}$ \square
PHONE	
EMAIL	
NOTE: All owners, rental agents and residents are obligated action will be taken for any violations of these rules. OWNER EMERGENCY CONTACT (NOT LIVING IN Name Relationship	N HOME):
TENIANT EMEDOENICY CONTACT (NIOT I MINIC)	IN HOME).
TENANT EMERGENCY CONTACT (NOT LIVING I	·
Name Relationship _	Phone
ON-SITE INFORMATION:	
VEHICLE 1	VEHICLE 2
COLOR & YEAR	COLOR & YEAR
MAKE & MODEL	MAKE & MODEL
LICENSE PLATE	LICENSE PLATE
VEHICLE 3	VEHICLE 4
COLOR & YEAR	COLOR & YEAR
MAKE & MODEL	MAKE & MODEL
LICENSE PLATE	LICENSE PLATE
PERSONS TO RESIDE IN MONTE OF THE THANKS IN	MED ADOVE (INCLUDE A CE IE IN IDED 40)
PERSONS TO RESIDE IN HOME, OTHER THAN NA	,
NAMENAME	
NAME NAME	
NAME NAME	INAME
PET(S):	
NAME(S)	
TYPE(S)	
COLOR(S)/DESCRIPTION(S)	
CHIPPED?	