

Dear Property Owner:

In order to serve you better and keep our records up to date, please fill out the following information sheet and return to our office. Thank you in advance for your response! If you feel additional information is needed, please use the back side.

Date: _____

Condominium Name: **Beach Dreams Condominium Association** Unit # _____

Owner(s) of Unit: _____

Renter's Name (if applicable) _____

“Off Season” (November - April)

“Summer Season” (May - October)

Mailing Address:

Mailing Address:

Phone/Contact Numbers:

Unit # () _____

Home # () _____

Cell # () _____ Name: _____

Cell # () _____ Name: _____

Work # () _____ Name: _____

Work # () _____ Name: _____

Fax # () _____ Name: _____

E-mail _____ Name: _____

Other: _____

Emergency Contacts (Who do you want contacted in case an emergency?):

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

Heating Co.: _____ Phone # _____

Electric Co.: _____ Phone # _____

Security Co.: _____ Phone # _____

Plumber: _____ Phone # _____