

NAME OF ASSOCIATION:

NAME _____ DATE _____
(Unit Owner(s) of Record as Shown on the Deed)

ADDRESS _____ TELEPHONE.# _____

1. Is your unit your year-round residence? **Yes** or **No** (if no, number of months) _____
2. Approximate the dates in residence? _____
3. Number of occupants in residence? _____
4. Number of Automobiles ? _____ License # _____ State _____
License # _____ State _____
5. Do you rent your unit? _____ Annually? _____ Seasonally? _____
6. If you rent your unit, or have a caretaker, please list agency, address and phone number in the spaces below.

RENTAL AGENCY/HOME WATCH _____ AGENT NAME _____

ADDRESS _____

TELEPHONE #: _____ E-MAIL _____

7. **Please list your mailing address:**

ADDRESS _____

TELEPHONE : (Res) _____ (Work) _____
(Fax) _____ (**Email**) _____

8. Please list any secondary addresses and telephone numbers where you can be reached.

Secondary Address _____

And Phone Numbers: (Res) _____ (Work) _____
(Fax) _____ (**Email**) _____

THIS INFORMATION IS IMPORTANT AND WILL BE USED IN CASES OF EMERGENCIES WHEN WE MUST BE ABLE TO CONTACT A RESPONSIBLE PARTY AND FURTHER PROVIDES AUTHORIZATION TO RECEIVE ASSOCIATION BUSINESS NOTIFICATIONS.

****** PLEASE RETURN THIS QUESTIONNAIRE WITHIN FIVE (5) DAYS ******

Schoo Association Management, LLC
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