

# VILLAS OF TUSCANY CLUSTER HOMEOWNERS' ASSOCIATION



## OWNER/TENANT INFORMATION

*Please note that this information is Confidential and for the Board & Management use only.*

*The Association will not publish or share this information with anyone.*

OWNER(S) NAME(S): \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM UNIT ADDRESS)

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OTHER OCCUPANT IN UNIT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

*The following information is required in order to effectively protect your property, possessions and that of all of our owners; although very important, this information is not required by statute:*

PET(S): 1) Dog: \_\_\_\_ Cat: \_\_\_\_ Type (Breed): \_\_\_\_\_ Color(s): \_\_\_\_\_

2) Dog: \_\_\_\_ Cat: \_\_\_\_ Type (Breed): \_\_\_\_\_ Color(s): \_\_\_\_\_

**If none, check here.**

VEHICLE(S): 1) Color, Make, & Model \_\_\_\_\_ License # \_\_\_\_\_

2) Color, Make, & Model \_\_\_\_\_ License # \_\_\_\_\_

3) Color, Make, & Model \_\_\_\_\_ License # \_\_\_\_\_

**If none, check here.**

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

*Must be able to provide access to your unit for emergency entry*

*Please note that this form is to be completed in its entirety in order to prevent the Association from re-requesting the information. Providing partial or no information within the required 30 days of receipt may result in the Board taking any and all action within their means to elicit compliance of the request for information. Thank you in advance for your timely response.*