

WATERFORD CROSSING CONDOMINIUMS HOMEOWNERS' ASSOCIATION



OWNER/OCCUPANT INFORMATION

This information is for the Board & Management's use only. The Association will not publish or share this confidential information.

OWNER(S) NAME(S): _____

UNIT ADDRESS: _____

BILLING ADDRESS: _____

(IF DIFFERENT FROM UNIT ADDRESS)

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

OTHER OCCUPANT IN UNIT: _____ RELATIONSHIP: _____

The following information is important in order to protect your property/possessions:

PETS: 1) Dog: _____ Cat: _____ Type/Breed: _____ Color: _____

2) Dog: _____ Cat: _____ Type/Breed: _____ Color: _____

3) Dog: _____ Cat: _____ Type/Breed: _____ Color: _____

If none, check here.

VEHICLES: 1) Color _____ Make & Model _____ License # _____

2) Color _____ Make & Model _____ License # _____

3) Color _____ Make & Model _____ License # _____

4) 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.