WINDSOR WOODS HOMEOWNERS' ASSOCIATION

c/o
KareCondo
Kare Condominium Management Company, Inc

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):					
LOT ADDRESS:					
BILLING A	DDRESS: IT FROM LOT AD	DDRESS)			
HOME PHONE:			CELL:	WORK:	
EMAIL ADDRESS:					
OTHER OCCUPANT IN HOME:				RELATIO	NSHIP:
OTHER OCCUPANT IN HOME:				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, ch	eck here.			
VEHICLES:	1) Color		Make & Model		_ License #
	2) Color		Make & Model		_ License #
	3) Color		Make & Model		_License #
	4) Color		Make & Model		License #
	☐ If none,	☐ If none, check here.			
EMERGENCY CONTACT: NAME					

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.