

# THE GOLDEN OAKS CONDOMINIUM UNIT OWNER'S ASSOCIATION

c/o



## OWNER/OCCUPANT INFORMATION FORM

*This information is Confidential and for the Board & Management's use only. The Association will not publish or share this information with anyone.*

OWNER 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: \_\_\_\_\_

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

### The following information is required in order to protect your property/possessions and that of all of the owners:

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

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

IF NONE, PLEASE 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, PLEASE 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 to prevent the Association from re-requesting the information. Providing partial or no information within the required thirty (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.