

2024 CENSUS QUESTIONNAIRE & RECREATION FACILITY USE FORM OWNER & TENANT INFORMATION

It is very important that the Association have, on record, information regarding owners and residents. Pool Passes are issued from this census form. Also, in the event of an emergency within the home, it is imperative that someone be available to gain access to your unit. Keeping updated information on file allows us to assist you in abating damages should a pipe break, water heater fail, or any other threat to property occurs. Help us, to help you, avoid major damage or an insurance claim. It is also required that you appoint an emergency contact; someone trustworthy and nearby to provide assistance if you are not available. **Please provide current copy of Homeowners Declaration page.**

******* THIS FORM MUST BE COMPLETED AND RETURNED TO RECEIVE POOL BADGES *******

GENERAL INFORMATION (Please print legibly)

Date: _____

Address: _____

Unit Owner Name: _____

Tenant Name: _____

Do you rent the unit? YES or NO

(Must provide a copy of the current lease & Renters Insurance)

Unit Owners off-site address: _____

Phone #: Home: _____ Work/Daytime: _____

Cell Phone 1: _____ E-Mail: _____

Cell Phone 2: _____ E-Mail: _____

Opt in to receiving electronic notices and electronic voting YES NO (circle one)

NUMBER OF PERSONS RESIDING IN THE RESIDENCE: _____

NAME OF FAMILY MEMBERS RESIDING IN THE UNIT. PLEASE PROVIDE AGES OF CHILDREN, AGE 17 & UNDER

- | | | | |
|----------|-------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. _____ | Adult | * ONLY THOSE LISTED ON THE LEASE WILL BE ISSUED A POOL PASS ALL OTHERS ARE CONSIDERED GUESTS AND MUST BUY A GUEST PASS * | |
| 2. _____ | Adult | | |
| 3. _____ | Adult | | Child First Name: _____ AGE: _____ |
| 4. _____ | Adult | | Child First Name: _____ AGE: _____ |
| | | Child First Name: _____ AGE: _____ | |

TENANT INFORMATION – (You must supply the office with a copy of the rental lease upon every renewal.)

Tenant Name(s): _____
(Please keep management informed of any changes in tenant information)

Tenant's Phone #: Daytime: _____ Evening: _____

Tenant's Cell Phone#: _____

Tenant's E-Mail Address: _____

PROVIDE VEHICLE INFORMATION FOR YOURSELF OR TENANT VEHICLES:

All Vehicles Must Be Registered with the Association at the Management Office. PARKING SPOT# _____

Vehicle #1 – Make: _____ MODEL # _____ COLOR _____ PLATE# _____
Vehicle #2 – Make: _____ MODEL # _____ COLOR _____ PLATE# _____
Vehicle #3 – Make: _____ MODEL # _____ COLOR _____ PLATE# _____
Vehicle #4 – Make: _____ MODEL # _____ COLOR _____ PLATE# _____

INSURANCE INFORMATION – (You must supply the office with a copy of the declaration page upon every renewal.)

Homeowners INS Co. Name: _____

Effective From: _____ To: _____

Tenant’s INS Co. Name: _____

Effective From: _____ To: _____

EMERGENCY CONTACT INFORMATION

In the event that the resident is unavailable, whom may we contact in case of emergency?

Name: _____ Phone Number: _____

Relationship to owner: _____ Do they have a key? YES or NO (please circle)

PET INFORMATION - If you have a pet, please complete the following: (you must register every pet)

Of Pets _____ Type of Pets – Cat: _____ Dog: _____ Other: _____

#1. Dog Township License# _____ Breed _____ Color _____ Weight _____

#2. Dog Township License# _____ Breed _____ Color _____ Weight _____

#3. Dog Township License# _____ Breed _____ Color _____ Weight _____

Please sign the completed questionnaire and return to the Management Office.

GUEST PASS/RULES & REGULATIONS TESTIMONY

I/We have read the rules and regulations, and guest pass policy, and fully understand them, and agree that if these rules are broken, I/We may lose pool privileges for the current season.

_____ (Signature of Resident)

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Application Completed & Approved: _____

LEASE VERIFIED _____ EXPIRATION DATE: _____

Application Returned/Unapproved for Reason: _____

Information Entered By/Date _____