

EAST HORIZON CONDOMINIUM ASSOCIATION, INC.

UNIT OWNER INFORMATION FORM

PLEASE PRINT CLEARLY:

Unit # _____

Unit Primary Contact:

Corporation (if applicable):

Name _____

Name _____

Phone _____

Phone _____

Email _____

Email _____

Mobile phone: _____

Address: _____

Minor? (Y/N)

Resident 2 Name: _____

Resident 3 Name: _____

Resident 4 Name: _____

Resident 5 Name: _____

Resident 6 Name: _____

Local Emergency Contact Name (If at EHCA, their Unit # _____):

Local Emergency Contact Phone: _____

Auto 1 Make: _____ Year: _____ Color: _____ Tag #: _____ State: _____

Auto 2 Make: _____ Year: _____ Color: _____ Tag #: _____ State: _____

Seasonal Residents (please supply an address when not at East Horizon)

Street: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Months not at East Horizon: _____

EHCA Common Area Key numbers:

Key 1: _____ ; Key 2: _____ ;

Key 3: _____ ; Key 4: _____



I agree to allow my contact information above to be printed in the East Horizon Condominium Association's Resident Directory: Yes: _____ No: _____ (Initial as appropriate for yes or no)

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