

SPANISH GARDENS ASSOCIATION, INC.
RESIDENT CONTACT INFORMATION FORM

PLEASE PRINT

Last Name: _____ First Name(s): _____

Assoc. Address: Spanish Gardens Dr. Unit _____, Bonita Springs, FL 34135

Phone: _____ Home: _____ Cell: _____

E-mail Address: _____ Date of Purchase: _____

Please Check Appropriate Box:

Permanent Residence Part-Time Residence. Dates Occupied: _____

Other Address: _____

I Allow My Property to Be Leased: Tenant: Name: _____

Phone: _____ Cell: _____ Email: _____

Agency Name: _____ Phone: _____ Email: _____

Agency Address: _____

If you are a part-time resident, please identify your local contact person.

EMERGENCY CONTACT INFORMATION (Person to contact if you are not at residence and entry is needed):

Name: _____

Phone: _____ Cell: _____ Email: _____

The above-mentioned person has been given an entry key to my residence and has been given permission to allow access into my home in case of an emergency.

I authorize the Association to use electronic mail (e-mail) as an acceptable method of notifying me of all Annual Meetings of the Membership, Board of Directors Meetings, and any other such Association business requiring notice and community updates to its members.

I understand that it is my responsibility to contact Property Management to change my address of record, which is where correspondence will be sent to, throughout the year.

Signature

Date

Please mail or email your completed form to: Infinity Property Management Firm, LLC 9200 Bonita Beach Road., Ste 206 Bonita Springs, FL 34135; mgreen@infinitymgmtllc.com