

**RESIDENT INFORMATION FORM**

Occupant(s) name(s): \_\_\_\_\_

Other Occupants' Names: \_\_\_\_\_

Number of occupants over age 18: \_\_\_\_\_ Under age 18: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

(PLEASE PRINT LEGIBLY)

Yes, I consent to receive LPGPOA communications by email transmission (*usually less than 10x/yr.*)

No, I do not want to receive email notifications. I want to receive notifications through USPS mail.

EMERGENCY CONTACT INFO - Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

SECONDARY ADDRESS -- If occupant(s) are away from the premises for more than 30 consecutive days (such as wintering in a warmer climate), please furnish contact information for that period of time:

Secondary address: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

Secondary Email or other info: \_\_\_\_\_

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**If premises are not occupied by the property owner(s), please furnish the following information for the actual owner(s):**

Owner(s) name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Phone number: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

**PLEASE RETURN TO THE LPGPOA SECRETARY AT LPGPOAinfo@gmail.com or mail to the address above.**