

LAKEPOINTE GARDENS PROPERTY OWNERS ASSOCIATION, INC.

Resident Information Form

Occupant(s) name(s): _____

Other Occupants' Names: _____

Address: _____

Phone number: _____ Cell Phone: _____

Email address: _____

(PLEASE PRINT LEGIBLY)

Number of occupants over age 18: _____ Under age 18: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone No: _____

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: _____

Phone number: _____

Email address: _____

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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: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

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