

ROSEWOOD OF FALLING WATERS

INFORMATIONAL FORM

DATE: _____
NAME OF OWNER(S) _____
ADDRESS OF CONDO: _____ UNIT # _____ WINDY PINES DRIVE, NAPLES, FL.
TELEPHONE # _____ CELL # _____
E-MAIL ADDRESS: _____
OF OCCUPANTS: _____
FULL TIME: _____ SEASONAL: _____ OTHER: _____

FULL TIME:

LOCAL EMERGENCY CONTACT:

NAME: _____ TELEPHONE # _____ CELL # _____
NAME: _____ TELEPHONE # _____ CELL # _____

OTHER EMERGENCY CONTACTS:

NAME: _____ TELEPHONE # _____ CELL # _____
NAME: _____ TELEPHONE # _____ CELL # _____

PERSONS WHO HOLD A KEY TO YOUR UNIT:

NAME: _____ TELEPHONE # _____ CELL # _____
NAME: _____ TELEPHONE # _____ CELL # _____

OF PETS: DOG _____ CAT _____ OTHER _____

IF OWNER IS SEASONAL:

OTHER ADDRESS: _____
TELEPHONE # _____ CELL # _____

CONDO WATCH PERSON:

NAME: _____ TELEPHONE # _____ CELL # _____

OTHER:

IF OWNER LEASES ANNUALLY:

NAME(S) OF LEASE HOLDER: _____
TELEPHONE # _____ CELL # _____

OF OCCUPANTS _____

LEASE AGREEMENT DATES FROM: _____ TO: _____

INDICATE EMERGENCY CONTACTS ABOVE FOR LOCAL AND OTHER.

IF OWNER RENTS:

PLEASE BE SURE TO FILL OUT THE PROPER FORMS WHICH CAN BE SUPPLIED THROUGH ROSEWOOD'S MANAGEMENT COMPANY OR THE FALLING WATERS WEB SITE UNDER ROSEWOOD AT www.fallingwatersdavis.com AND MAILED WITH A CHECK FOR \$100 30 DAYS PRIOR TO OCCUPANCY FOR ASSOCIATION APPROVAL SEND TO: GUARDIAN PROPERTY MANAGEMENT, 6704 LONE OAK BLVD. NAPLES, FL. 34109, ATT; MARK SCHADLER