

Falling Waters

Amelia Lake

INFORMATIONAL FORM

DATE: _____

NAME OF OWNER(S) _____

ADDRESS OF CONDO: _____ UNIT # _____ BAYOU LN., 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: _____

IF OWNER RENTS:

PLEASE BE SURE TO FILL OUT THE PROPER FORMS WHICH CAN BE SUPPLIED THROUGH THE FALLING WATERS WEB SITE UNDER AMELIA LAKE AT www.fallingwatersdavis.com AND MAILED WITH A CHECK FOR \$100 30 DAYS PRIOR TO OCCUPANCY FOR ASSOCIATION APPROVAL

SEND TO: SANDCASTLE COMMUNITY MGT, 5190 GALLERIA CT., SUITE 201
NAPLES, FL. 34109