

VOLO
TOPS
GATE

2017
AMERICANA COVE
RESIDENT INFORMATION SHEET
PLEASE COMPLETE AND RETURN TO THE OFFICE

CB
TC
MG

RESIDENT INFORMATION

Resident's Name: _____ Lot # _____

Spouse or Other Resident's Name: _____

Cove Address: _____ Phone: _____

Alternate and/or Cell Phone: _____ Mailbox ID # _____ Compartment # _____

Other Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Additional/Alternate E-mail Address: _____

Resident's Name who is 55 or older: _____ DOB: _____

PLEASE CIRCLE

Do we have permission to print your phone number in the directory? Y / N
Do we have permission to share your email address with other residents? Y / N
Do you use one of the Cove's docks, RV or boat storage spaces? Y / N
Do you have a pet? Y / N Dog / Cat / Other _____ Service or Comfort Animal? Y / N
If requested to evacuate for a storm, where will you go? _____
Please list the name of family members and friends that you want added to the Gate List of frequent visitors:

*****IMPORTANT*****

EMERGENCY INFORMATION (other than spouse)

Contact: _____

Phone: _____ Email: _____

Cove resident who has keys to your home: _____

Phone: _____ Email: _____

SEASONAL RESIDENTS (ESTIMATED) **DEPARTURE:** ____ / ____ / ____ **ARRIVAL:** ____ / ____ / ____

Who will be responsible for the up keep of your home when you are away for an extended period?

Name: _____ Phone: _____

Who will care for your lawn and reset your irrigation timers? _____

What is the name of your pest control company? _____

What is the name & phone number of your home owner's insurance company? _____

By signing below, I hereby attest the above information is true:

Signature: _____ Date: _____