

VOLO  
TOPS  
GATE

**2019**  
**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: \_\_\_\_\_

Are you a \_\_\_\_\_ seasonal resident or \_\_\_\_\_ year-round resident? Do you plan to lease your home? \_\_\_\_\_

**PLEASE CIRCLE**

Would you like to receive official association notifications by email? Y / N

Do we have permission to print your phone number in the directory? Y / N Which # \_\_\_\_\_

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 park a boat or RV in your driveway? Y / N

Do you have a pet? Y / N Dog / Cat / Other \_\_\_\_\_ Service or Comfort Animal? Y / N

Please list the name(s) of those you want on 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you given another resident permission to use your driveway? Y / N, If yes, who? \_\_\_\_\_

Who will be responsible for the upkeep 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 & phone number of your homeowner's insurance company? \_\_\_\_\_

\_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_