

OWNER INFORMATION AND EMAIL AUTHORIZATION FORM

(Please type or Print Information on Form)

THIS FORM MUST BE FILLED OUT AND RETURNED

Please send us this form anytime the information contained changes.

Date: _____ Association: _____

Address: _____

Owner Name(s) _____

Age _____ BD _____ Age _____ BD _____

Names & Ages of Others Living in Unit: _____

_____ Permanent Resident _____ Part Time Resident (Dates) From: _____ To: _____

_____ Rental Names of Occupant(s): _____

Lease Dates: From: _____ To: _____ Phone Number: _____

Vehicle Information:

Make: _____ Model: _____ Color: _____ License Plate: _____

Make: _____ Model: _____ Color: _____ License Plate: _____

Contact Information:

Local Phone _____ Cell Phone: _____ Work Phone: _____

Other Phone Numbers: _____

Other Mailing (Northern Address): Street: _____

City: _____ State: _____ Zip: _____

Foreign Address: _____

Emergency Contact: _____ Phone No.: _____

Email Authorization: By providing the email addresses below and signing you hereby grant the Association permission to use this information for electronic communication for information including, but not limited to meeting notices, agendas, minutes, etc.

Primary E-mail Address: _____ Sign: _____

Secondary Email Address: _____ Sign: _____

Insurance Info: _____ Agent: _____ Phone No.: _____

I'm attaching a copy of my insurance and will name the Association as an Additional Name Insured on the policy, and will provide a copy annually.

By Signing Below I attest that all information is true and correct. I agree to share my phone number(s), email address(es), and other contact information on the association roster. This information will not be submitted or sold to third parties, but will be considered part of the Association's records open to members.

Sign: _____ Date: _____

Please Return ALL Information to Landex Resorts International, Inc. at:
1100 Homestead Rd. N. Lehigh, FL 33936 / Email: Info@landexresorts.com / Fax: 239-369-7852