

# ATLANTIC GARDENS OWNERS ASSOCIATION, INC.

The following information is necessary to contact you in the event of an emergency and to better serve you with meeting notices and correspondence. This information will only be used by the Board of Directors and the contracted Management Company. We appreciate your cooperation to help us update your file with the below requested information:

**PLEASE PRINT CLEARLY:**

Name(s) \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
\_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Consent to E-mail correspondence? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Auto 1 Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # : \_\_\_\_\_ State: \_\_\_\_\_  
Auto 2 Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # : \_\_\_\_\_ State: \_\_\_\_\_

**SEASONAL RESIDENTS: (Please supply alternate contact information)**

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Phone # \_\_\_\_\_ Months NOT at property: \_\_\_\_\_  
Unit Door Key Location for emergencies only (Leasing company will have a key): \_\_\_\_\_  
Contact Name (Unit # if applicable): \_\_\_\_\_ Phone # \_\_\_\_\_

**TENANT INFORMATION: (Copy of lease required per Association Docs)**

Term of Lease From: \_\_\_\_\_ To: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_  
Name(s) \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
\_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Auto 1 Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # : \_\_\_\_\_ State: \_\_\_\_\_  
Auto 2 Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # : \_\_\_\_\_ State: \_\_\_\_\_

**Tenant received and signed for a copy of the General Rules Yes: \_\_\_\_\_**

Please complete this form and mail, fax, or email to:

Atlantic Gardens Owners Association, Inc.  
c/o Showcase Property Management  
101 S Courtenay Parkway Merritt Island, FL 32952  
Fax: 321-868-1090

If you have any questions, please call Janina Day,  
Association Manager at 321-328-3022 or  
via email at: [showcasecam@gmail.com](mailto:showcasecam@gmail.com)