

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 _____ Phone # _____
Name _____ Phone # _____
Property Address _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____
Email _____
Email _____
Auto 1 Make _____ Year _____ Color _____ Tag # _____ State _____
Auto 2 Make _____ Year _____ Color _____ Tag # _____ State _____
Consent to E-mail correspondence? Yes _____ No _____
Emergency Contact Name _____ Phone # _____

SEASONAL RESIDENTS: (Please supply alternate contact information)

Address _____
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 _____ Phone # _____
Name _____ Phone # _____
Email _____
Email _____
Emergency Contact Name _____ Phone # _____
Auto 1 Make _____ Year _____ Color _____ Tag # _____ State _____
Auto 2 Make _____ Year _____ Color _____ Tag # _____ State _____

Tenant(s) received and signed for a copy of the General Rules Yes (initial) _____

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

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

If you have any questions, please call Diane Whittington, Association Manager at 321-328-3024 or via email at: spacecoastLCAM@gmail.com