



Tropical Palms Resident Contact Information

Please Print

Lot Number (s) _____

Name(s) on Title: _____

____ full time resident

____ partial year resident

List months at Tropical Palms:

Northern Address: _____

Northern Phone: _____

Email: _____

Please give to any board member or return to: Donna Murphy, 224 Spruce

***Please note that this information is being collected for the sole use of the Board and will not be shared outside the Board.