

SAND LAKE POINT HOMEOWNERS ASSOCIATION, INC.
CONTACT INFORMATION FORM

PLEASE PRINT CLEARLY and PROVIDE ALL PERTINENT INFORMATION

== WE DO NOT SHARE YOUR INFORMATION WITH ANYONE ==

Property Street Address: _____

Names of Owner(s)
(as shown on deed or title): _____

FULL Mailing address:
(If not property address) _____

Telephone Numbers and E-mail Addresses:

Home: _____ Work: _____

Cellular: _____ Cellular: _____

Email: _____

Email: _____

Emergency Contact Name: _____ Cellular: _____

Do you have an alternate residence? YES _____ NO _____ **If seasonal, from :** ___/___/___ **to** ___/___/___

If your home is presently rented:

Property Management Company: _____

Street Address _____

City, State & Zip _____

Telephone number *(including Area Code):* _____

Contact Name: _____ Cellular: _____

Fax: _____ Email: _____

Tenant Names: _____

Tenant Phone numbers: _____ **Lease term from :** ___/___/___ **to** ___/___/___

Please provide an executed copy of your Lease Agreement (signed by both parties) for our files so that we may update our files, and so that we may include your tenants in Community communications.

RETURN THIS FORM TO US BY:

- **Mail:** 4700 Millenia Blvd., Ste 515, Orlando FL 32829
- **E-mail:** info@community-mgmt.com
- **Fax:** 407.903.9234