

**DOKMO**

**DATE:** \_\_\_\_\_

If you are an owner and live on-site, please fill out the top portion of this form, only. If you are an owner and live off-site, please fill out the top portion of this form, and complete the bottom portion with the occupant's information. **This form will be kept confidential and is used by the management company and the Board of Directors for the association's records, insurance coverage, and for emergency reasons only.**

Name(s) to be on Account: \_\_\_\_\_

Association Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: (If different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Home/Cell Phone #: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

**\*\*\* Would you like to receive Association mailings & updates via email? YES  \*\*\***

Place(s) of Employment: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Place(s) of Employment: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Person(s) to contact in case of an emergency: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Winter Address: \_\_\_\_\_

*(If applicable, please contact Keller when winter address begins and ends each year)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vehicles:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

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Occupant Name(s): \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Home/Cell Phone #: \_\_\_\_\_

Vehicles:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

*Please be sure to include a copy of your lease agreement, if applicable.*