Rosewood Village	Condom	inium .	Association
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DATE:	
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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 A	Account:				
Association Addre	ess:				
	City:	State:	Zip Code:		
Mailing Address: ((If different from above)				
	City:	State:	Zip Code:		
Home/Cell Phone #:		Home/Cell Phone	e #:		
Email Address(es)	:				
*** W	ould you like to receive Asso	ciation mailings & update	s via email? YES 🗆 ***		
Place(s) of Employment:		Work Phone No:	Work Phone No:		
Place(s) of Employment:		Work Phone No:	Work Phone No:		
Person(s) to contac	ct in case of an emergency:				
Phone #s:					
Winter Address:			ress begins and ends each year)		
	City:	State:	Zip Code:		
Vehicles:					
Make	Model	Year	Plate #		
Make	Model	Year	Plate #		
* * * * * * * *	* * * * * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * * * * * * * * * *		
Occupant Name(s)):				
Home/Cell Phone #:		Home/Cell Phone	Home/Cell Phone #:		
Vehicles:					
Make	Model	Year	Plate #		
Maka	Model	Voor	Plata #		

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