

Bayside Condominiums Association of Brevard, Inc.
Owner Profile

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Fax to 321-305-6199, or mail to 2560 Palm Lake Dr, Merritt Island, FL 32952, or place in one of the suggestion boxes on site. We do supply owners with a directory of other owners, so if you wish your phone number or e-mail to be unlisted, please make note of that.

Name(s) of Owners _____

Bldg _____ Unit# _____ Designated Voter _____

Mailing Address _____ City _____ St _____ Zip _____

Home Ph _____ Cell _____ Email _____

Work Ph _____ Company Name _____

Are you willing to receive correspondence by email rather than U.S. mail? Yes ____ No ____

Please check one of the following:

Full Time Resident ____ Part Time Resident ____ Rental ____ Both Residential & Rental ____

Emergency Contact _____ Ph _____ Relationship _____

Rental Information: Handled by Owner? Yes ____ No ____

If NO, please provide name & phone number of agent or person handling rental:

Name _____ Ph _____ Email _____

Tenant Name(s) _____ Ph _____

Tenant Email _____ Number of Persons in Unit ____ Lease Expires _____

Name(s) of others in unit _____

Please make sure tenant understands where to park and has copy of rules and regulations. As a reminder, there is a \$25.00 rental application fee. Minimum 6 month rental term.

PETS: Limited to TWO (2) pets under thirty-five (35) pounds each in high-rises; no weight restriction in townhomes. All pets must be on a leash when outside and owner must pick up all pet waste IMMEDIATELY.

Type _____ Weight _____ Name _____

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Vehicle Registration:

Year	Make	Model	Color	Tag	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Family Members who may stay with you or in your unit while you are away:

Last Name	First Name	Relationship	Other Info
_____	_____	_____	_____
_____	_____	_____	_____

Will any occupants require assistance in an evacuation or emergency situation? ____ YES ____ NO

If so, what type of assistance will be needed? This information will be furnished to the City of Cape Canaveral for their use during an emergency: _____
