

ISLAND VILLAGE CONDOMINIUM ASSN, 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 321-799-0630 or mail to 109 Long Point Rd, Cape Canaveral, FL 32920. 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.

1. NAME (S) of OWNERS: _____

UNIT # _____ Parking Space # _____

Address for Receiving Mail: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: **Condo (321)** _____ **Other Residence or cell#: ()** _____
Work #: _____ **Company Name:** _____

6. E-Mail Address: _____ [] Check if "None"

7. Please check one of the following:

Full Time Resident _____ **Rental Only** _____
Part Time Resident _____ **Both Residential & Rental:** _____

8. Emergency Contact: _____ Phone: _____ Relation: _____

9. Rental Information: **Handled by Owner?** YES _____ NO _____

10. **IF NO**, please provide name & phone number of agent or person handling rental:

Name: _____ **Phone:** _____

Please ensure that a "Renter's Profile" sheet (available from management) is filled out and sent to RDI BEFORE your tenant moves in. It is also the owners' responsibility to ensure that the tenant has read and understands all Rules and Regulations.

11. PETS: Up to 2 (cats, small birds or fish-all indoor animals only) **NO DOGS**

Type: _____ **Name:** _____ **Weight:** _____
Type: _____ **Name:** _____ **Weight:** _____

12. VEHICLE REGISTRATION: (Must Provide a Color Copy of Drivers License)

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

13. FAMILY MEMBERS **who may stay with you or in your unit while you are away:**

Last Name:	First Name (s):	Relationship:	Other Info:
_____	_____	_____	_____
_____	_____	_____	_____

Date form filled out: _____