

CLOVER KEY, INC – Community Association Management

OWNER PROFILE

We are required by the Condominium Act to maintain and keep a roster of unit owners and keep to keep record of e-mail consent. Furthermore, it is necessary to be able to contact you in the event of emergency. The information you provide is kept confidential. Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Mail to 110 Imperial Street, Merritt Island, FL 32952 or scan and email to Office@cloverkeyservices.com, or hand to a board member to forward to us.

Owner Name(s): _____

UNIT # _____ **Designated Voter:** _____

Phone Numbers: _____ **Home** _____ **Mobile** _____ **Mobile** _____

_____ I consent to receive text messages

E-Mail Address: _____

Other E-Mails: _____

_____ I consent to receive notices for all meetings and association business via e-mail. I understand that mailed/paper notice may not be provided unless I rescind this consent to receive notice by e-mail. I also understand that e-mail address provided for purpose of receiving electronic notice will be an official record of the Association.

We may supply owners with a directory of other owners, do you wish to be part of this directory?

_____ **YES**

_____ **NO**

MAILING STREET ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

Work #: _____ **Company Name:** _____

Please check all that apply:

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

Emergency Contact: _____ **Phone:** _____ **Relation:** _____

FOR LEASE UNITS: Please provide us with a **copy of DRIVER'S LICENSE or ID Card for EACH resident:**

Taking a photo on your phone and emailing it to us is acceptable. Make sure the memo states Island Cove and your Unit #. **Rental Information:**Handled by Owner? **YES** _____ **NO** _____ **NOT APPLICABLE** _____

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

Name: _____ **Phone:** _____

PETS: Limited of one (1) pets under 35 lbs. each. All pets must be on a leash when outside, owner must pick up all pet waste IMMEDIATELY, and excessive barking cannot be tolerated. If you have

a **SERVICE ANIMAL** or **EMOTIONAL** support animal, please provide doctor's note or proof. Please

understand that these types of animals must be with you 24/7 and cannot be left in the unit without you.

Breed: _____ **Name:** _____ **Weight:** _____ **Age:** _____

VEHICLE REGISTRATION: (Vehicles must have current registration tag or risk being towed. Giving us your information will help us identify and call you before towing a vehicle.)

Make	Model	Color	License #	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ **Date:** _____