

CLOVER KEY, INC
OWNER PROFILE FORM

We are required by the Condominium Act to maintain and keep a roster of unit owners and a 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. **If you do not want to provide certain information, please leave space blank.** Please return the completed profile to management as soon as possible. Mail to 110 Imperial Street, Merritt Island, FL 32952 or email a copy to Office@cloverkeyservices.com.

Owner Name(s): _____

Association Name _____ **UNIT #** _____

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

_____ I consent to receive text messages

E-Mail Address: _____

_____ **I consent to receive notices for all meetings and association business via e-mail to save the association postage and printing costs.** 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: _____

Please check all that apply:

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

Owner occupied vehicles on-site:

Rental Information (If leasing your unit):

Handled by Owner? YES ___ NO ___ NOT APPLICABLE _____

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

Name: _____ Phone: _____

Tenant Name(s): _____ Phone: _____

Email address(es): _____

Vehicles on site:

Make: _____ Model: _____ COLOR: _____ Tag #: _____ YR: _____

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A copy of the Association's Rules & Regulations have been provided to the lessee. Yes ___ No ___

Emergency Contact: _____ Phone: _____ Relation: _____

PETS (if permitted at your association):

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

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Owners have reviewed and agree to follow the Rules & Regulations of their association.

Signature: _____ Date: _____