

CONFIDENTIAL RESIDENT INFORMATION SHEET

In a continuing effort to improve communication between your Management Office, Board of Directors and residents, we request all owners completely fill out the form below and return as soon as possible.

Unit Number: _____

Owner's Name: _____

Is this home your primary residence? Yes _____ No _____

Mailing Address (if other than Unit): _____

Name(s) of full-time occupants (children, live-ins, etc.): _____

IMPORTANT! Please identify which phone numbers listed below you wish to be notified in the event of an emergency or non-emergency. You may check both emergency and non-emergency for each number, or select as you wish.

	Emergency	Non-Emergency
Home Telephone Number: _____	_____	_____
Secondary Telephone Number: _____	_____	_____
Business Telephone: _____	_____	_____
Other (Cell Phone, etc.): _____	_____	_____
Alternative Emergency Contact - Phone Number: _____		
Alternative Emergency Contact- Name: _____		
E-mail Address: _____ @ _____		

If unit is Tenant occupied, please complete the following, and provide a copy of your current lease to the Management Office, regardless if previously provided.

Tenant(s): _____ Email: _____

Phone # Home: _____ Cell: _____ Work: _____

Lease Start Date: _____ Lease End Date: _____

Management Company: _____ Phone #: _____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency?

YES NO

If yes, please explain special needs (i.e. oxygen, wheelchair, blind, deaf, etc.):

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Please return to: Royal Arms Condominium Association, Inc. 500 Orange Drive, Altamonte Springs, FL 32701
Phone: 407-834-4488 Fax: 407-834-5220 Email: admin@royalarmscondo.com