

EMERGENCY CONTACT AND INFORMATION SHEET

THE COMPLETED FORM SHOULD BE MAILED OR EMAILED TO THE ATTENTION OF
PROPERTY MANAGEMENT AT THE ADDRESS ABOVE OR DROPPED OFF IN PERSON

DATE COMPLETED BY OWNER: _____ DATE RECEIVED BY BOARD/MGMT: _____

HOMEOWNER _____

ASSOCIATION ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

CELLULAR PHONE NUMBER _____

EMAIL ADDRESS _____

TENANT INFORMATION

MUST BE FILLED OUT IF RENTED AND A COPY OF THE LEASE SENT TO PROPERTY MANAGEMENT

TENANT _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

CELLULAR PHONE NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT

PERSON(S) LISTED SHOULD BE SOMEONE LOCAL AND WITH A KEY TO YOUR UNIT

EMERGENCY CONTACT (1) _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

CELLULAR PHONE NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (2) _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

CELLULAR PHONE NUMBER _____

EMAIL ADDRESS _____

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By checking this box, I authorize Parkway Homeowners Association and its managing agent to share my telephone number with other members of the community.

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By checking this box, I authorize Parkway Homeowners Association and its managing agent to share my email address with other members of the community.

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By checking this box, I consent to receive association communications, notices (excludes Annual Meeting notices) and information via email.