

## Owner Information

SCS would like to be able to reach you as soon as possible in an emergency situation. Please help us update our files by completing this form and returning it to our office. Thank you.

Community Name: LAKEPORT CLUSTER ASSOCIATION

Unit Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner Address (if non-resident): \_\_\_\_\_

\_\_\_\_\_

[ ] DO NOT PUBLISH PHONE NUMBER AND/OR E-MAIL ADDRESS.

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Are you a non-resident owner? \_\_\_\_\_  
(If yes please provide the following information)

Tenant Name: \_\_\_\_\_

Phone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Phone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If you have hired a management company to rent your unit and/or pay your monthly fees, please list the following:

Name of Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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If anyone has keys to your unit, other than yourself, for emergency purposes. Please list their information below.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_