Wyldewood Village I of Cross Creek Association, Inc.

OWNER INFORMATION SHEET

Unit Address: _____ Unit No._____

Owner (1) _____Owner (2) _____

Unit Phone: _____ Cell Phone: _____ Email Address: _____

Indicate your residency status: Full Time: _____ Part Time: _____ Investment Property: _____

Months in residence: _____ to_____ Mailing address: _____Unit _____North Alt. Add

NORTHERN/ALTERNATE ADDRESS

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email Address: _____

Months at this address: _____to _____

EMERGENCY CONTACTS

Name (1): _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____ Email Address: _____

Name (2): _____ Relationship:_____

Address:_____

Phone: _____ Cell Phone: _____ Email Address: _____

You are responsible for making arrangements for someone to be responsible for the safety and security of your unit when you are to be away for an extended period of time.
Homewatch Person:_____ Phone No._____

Florida Statutes require all owners to provide a key to the association to be used in the event of an emergency. If you have not provided the Board of Directors with a key to your unit, please mail a key to our office and we will forward it on to the Board of Directors.

TENANT INFORMATION

(Please complete if you unit is currently rented)

All rentals must be approved prior to your tenant moving into the property.

Name(s) _____

Phone: _____ Cell Phone: _____ Email Address: _____

Term of Lease _____ to_____

D &D Association Services, LLC
11000 Metro Parkway Suite 4, Ft. Myers FL 33966
Phone: 239-364-4325
dawn@ddassociationservices.com