

PERSONAL INFORMATION FORM
COMPLETE SECTIONS A AND C IF YOU ARE AN OWNER.
COMPLETE SECTIONS B AND C IF YOU ARE A TENANT.

SECTION A (TO BE COMPLETED BY OWNERS)

Ambassador Unit # _____ Owner's Name(s): _____

Mailing Address (if other than the Ambassador unit):

What is the best way to contact you?

Circle One: Phone Fax Email Mail

Emergency Phone: _____ Alternate Phone: _____ Fax: _____

Email: _____

Please check one of the following:

____ Owner resides full time in the unit.

____ Owner does not reside in the unit full time but retains it for his/her personal use. (It is not rented.)

____ Owner rents the unit.

Property Manager, Contact Name and Phone (if applicable):

Is the current Unit Owners' Insurance Certificate for this unit on file in the office? ____ Yes ____ No

SECTION B (TO BE COMPLETED BY TENANTS)

Ambassador Unit # _____

Tenants' Name(s) (please list all names on the lease):

What is the best way to contact you?

Circle One: Phone Fax Email Mail

Emergency Phone: _____ Alternate Phone: _____ Fax: _____

Email: _____

SECTION C (TO BE COMPLETED BY ALL OWNERS AND TENANTS)

How many people live in this unit? ____ Adults ____ Minor Children

Are there mobility or health issues that the Ambassador should be aware of in the event of an emergency? If yes, describe:

Are there any pets? If yes, describe:

How many smoke alarms are in your unit? ____ Carbon monoxide (or combo) alarms? ____