## THE STRADA CONDOMINIUMS

## **OWNER INFORMATION FORM**

Please complete the following information and return by email or mail. This information is needed for our records so that we may provide you with the best service possible.

OWNER INFORMA	TION:			
Unit Address:				
Owner Name (Prir	nary Contact):			
Cell Phone:		Email:		
	Name (if Applicable):			
Alternate Mailing	Address:			
Which addres	s should we use for mailing? _	Unit Add	dressAlter	nate Address
RENTER INFORMAT	ION:			
Name:		Phone: _		Email:
Lease Start:Le			piration:	
PET INFORMATION	:			
Name:		Age	Weight	Breed
VEHICLE INFORMA	ATION:			
Make	Model	Year	Plate	Color
Make	Model	Year	Plate	Color
erson to be notified in case of an emergenc		<b>cy (relative, fi</b> e Number(s)	riend, neighbor,	, <b>Home Watch, etc.):</b> Relationship
	OVIDER INFORMATION			
Name/Authorized	Individuals			Company Name
Phone Number(s)				Email(s)
	Please return the Owner I Authoriz	nformation Form zation as soon as		nunications
	Strad	laGM@guestser	rvices.com	
		Condominium tn: Managemen	Association, Inc. nt Office	

9115 Strada Place Naples, FL 34108

## ► ELECTRONIC COMMUNICATIONS AUTHORIZATION

\_\_\_\_\_Yes, I hereby agree and consent to be duly notified electronically of Association dues, meetings, and other communications as permitted by law. The email address provided above is accurate and may be used to deliver this information. By checking "Yes" I consent to Guest Services utilizing any or all the above information for communication & billing purposes.

\_\_\_\_\_No, please send statements and notices by mail only. I acknowledge that it is my responsibility to update the mailing address at which I want to receive correspondence. I understand it is my responsibility to submit the update in writing via email, mail, or fax and confirm the receipt. I understand that my failure to do so may result in missed communications.

I, the undersigned, am the owner of the unit listed above. All information provided above is accurate and may be used for communication purposes. I understand that it is my responsibility to provide Guest Services Inc., in writing (via mail, fax, or email) with any updates to the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_