

OWNER INFORMATION UPDATE FORM

FILL IN

Please fill out this form to assure that we have the most current information on file regarding your unit. The information provided will be used for management purposes only to help us manage your property in the event of emergencies, i.e. floods, hurricanes, power failures, etc. **PLEASE PRINT CLEARLY**

First Name: _____ Last Name: _____

E-Mail: _____

E-Mail-: _____

Residency Status: ____ Full-Time ____ Seasonal

Mailing Address (if different from above): _____

Emergency Contact: Name & Phone#: _____

_____ Do you currently have a tenant? No ____ Yes ____

If yes, please complete below:

Tenant's Name(s): _____ Phone: _____

Tenant's Email address: _____

Lease Start Date: _____ Lease End Date: _____

In order to decrease the postage and mailing costs that the Association incurs and communicate pertinent information, your Board of Directors would like you to consider consenting to receive electronic communications. **Florida Statutes protects owners email addresses and phone numbers from being released or shared.**

EMAIL CONSENT - You must provide consent even if your e-mail address is currently on file.

By initialing this box, I **authorize** Golf Colony Condo No. & Campbell Property Management to communicate with me via electronic transmission.

By initialing this box, I **do not authorize** Lucerne Lakes Golf Colony Condo No. & Campbell Property Management to communicate with me via electronic transmission.

Signature: _____ Date: _____

Signature: _____ Date: _____

Any address changes or questions, please contact the LLGC On-Site Office

LLGC@CAMPBELLPROPERTY.COM

561-660-5008