VICTORIA VILLAGE

| DATE: | |
|-------|--|
|-------|--|

If you are an owner and live on-site, please fill out the top portion of this form, only. If you are an owner and live off-site, please fill out the top portion of this form, and complete the bottom portion with the occupant's information. This form will be kept confidential and is used by the management company and the Board of Directors for the association's records, insurance coverage, and for emergency reasons only.

| Name(s) to be on A | ccount: | | | | |
|-------------------------|------------------------------|--|------------------------|--|--|
| Association Address | s: | | | | |
| | City: | State: | Zip Code: | | |
| Mailing Address: (In | f different from above) | | | | |
| | City: | State: | Zip Code: | | |
| Home/Cell Phone #: | | Home/Cell Phone #: | | | |
| Email Address(s): _ | | | | | |
| *** Wo | uld you like to receive Asso | ciation mailings & update | s via email? YES 🗆 *** | | |
| Place(s) of Employment: | | Work Phone No: | Work Phone No: | | |
| Place(s) of Employment: | | Work Phone No: | | | |
| Person(s) to contact | in case of an emergency: | | | | |
| Phone #s: | | | | | |
| Winter Address: | | | | | |
| | (If applicable, please cont | (If applicable, please contact Keller when winter address begins and ends each year) | | | |
| | City: | State: | Zip Code: | | |
| Vehicles: | | | | | |
| Make | Model | Year | Plate # | | |
| Make | Model | Year | Plate # | | |
| Occupant Name(s): | | | | | |
| | | Home/Cell Phone #: | | | |
| Vehicles: | | | | | |
| Make | Model | Year | Plate # | | |
| Make | Model | Year | Plate # | | |