



OWNER and RESIDENT INFORMATION FORM

This questionnaire must be completed in Its Entirety.

The Reef Club Condominium Association, Inc. requires All Owners and Residents to fully complete this questionnaire which includes all unit and contact information, for the use of the Management Office and will be part of your file. It will also be used in case of emergencies, for correspondences and to receive all community information. BEFORE SUBMITTING, PLEASE READ THROUGH THE QUESTIONNAIRE TO ENSURE THAT YOU HAVE FILLED IN ALL OF YOUR INFORMATION AND MADE COPIES OF ALL NECESSARY DOCUMENTS. HAND DELIVER TO MANAGERS OFFICE, PLACE IN OFFICE MAILBOX BY BREEZEWAY, OR EMAIL TO: OFFICE@REEFCLUB.US

YOUR UNIT LOCATION

Building (check one)	<input type="radio"/> NORTH <input type="radio"/> SOUTH <input type="radio"/> EAST <input type="radio"/> WEST
Floor and Unit #	

OWNERS NAME(S) THAT ARE ON THE PROPERTY TITLE OR QUICK DEED

First Name	
Last Name	
Email	

First Name	
Last Name	
Email	

NAMES AND EMAIL OF ALL PEOPLE RESIDING IN THE UNIT* *

First Name	
Last Name	
Email	
Fob Number	

First Name	
Last Name	
Email	
Fob Number	

First Name	
Last Name	
Email	
Fob Number	

EMAIL CORRESPONDANCE

☐ I Agree To Receive All Communications From The Board Of Directors Of Reef Club Condominium Association, Either Directly Or On Behalf Of The Association By The Current Property Manager, In Electronic Format Utilizing The Email Address Provided Below. Communications That Are Required To Be Provided In Hard Copy By Florida Statute Will Continue To Be Hand Delivered Or Sent By Mail

Which Email Should We Use For All Correspondences

Email	
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Phone Numbers If International Include Country And City Codes

Mobile Phone Number	
Other Phone Number	

Mailing Address - Where You Would Like To Receive All Mail?

Address	
Unit, Floor, Suite	
City	
City	
Zip Code / Postal Code	
State / Province	
Country	

Access To Condominium Units Key

The Board Of Directors Shall Have Access To All Units During Reasonable Hours As May Be Necessary For The Maintenance, Repair And Replacement Of Any Common Element, Or For The Making Of Emergency Repairs Necessary To Prevent Damage To The Common Elements Or Other Units. Each Unit Owner Must Leave A Duplicate Set Of Keys To Their Unit With The Condominium Association Office. The Keys Will Be Securely Locked And Will Be Used Only In Emergencies. If Keys Have Not Been Provided To The Office, Forced Entry May Be Made At The Owner's Expense. Residents may have access to the use of the office copy to access their unit In Cases Of Medical Emergency Or Theft Of Keys Or Valid Unusual Situation. The office copy must be returned to the office immediately. There will be a fee of \$50.00 for keys not returned. During non-office hours, residents will need to contact a locksmith to access their unit.

Choose One:

☐ Yes, The Office Has A Current Working Set Of Keys

☐ No, I Will Provide A Current Working Set Of Keys In A Maximum Of 7 Days

UNIT IS BEING RENTED OR HAS A RESIDENT OTHER THAN OWNER

Both Owner And Tenant Must Provide A Copy Of The Rental Agreement And Addendum To The Management Office If Family Is Residing In The Unit, Please Explain The Relationship In The Notes Section Below, And Complete The Corresponding Form At The Manager's Office Choose One:

☐ Owner Occupied

☐ Rental Agreement, Will Provide Copies

☐ Family Residing In Unit, Explanation In Notes Section Below

☐ Other, Explanation In Notes Section Below

IF OTHER, EXPLAIN

DO YOU OWN AN ELECTRIC VEHICLE? ____ YES ____ NO

CAR & PARKING - if you have more than two (2) cars, please add the same information at the end

Car 1 - Make, Model & Color	
Parking Space & Number	
Barcode Number	
Driver's License - Provide Copy	
Registration - Provide Copy	
Insurance - Provide Copy	

Car 2 - Make, Model & Color	
Parking Space & Number	
Barcode Number	
Driver's License - Provide Copy	
Registration - Provide Copy	
Insurance - Provide Copy	

OWN A DOCK? If so, complete this section

Dock Number	
Boat Description - Color	
Brand - Model	
Boat Registration - Provide Copy	
Boat Insurance - Provide Copy	

STORAGE

Storage Number	
Location	

- ☐ I Have Not Been Assigned A Storage Unit
- ☐ Didn't Know I Had One
- ☐ We Don't Know Which One
- ☐ Someone Is Using Ours

BICYCLES

- ☐ We Do Not Have Any Bicycles
- ☐ We Keep Them In The Unit
- ☐ We Have A Bicycle(S) And We Store It At The Rack
- ☐ We Have A Bicycle(S) And We Store It At The Rack But They Are Not Registered With The Office

PETS - If Living In Your Unit Please Fill In The Information

Breed - Color - Size	
Vaccination Proof - Provide Copy	
Is your pet a Service Animal? - Provide Documentation	
Is your pet an Emotional Support Animal? - Provide Documentation	

Breed - Color - Size	
Vaccination Proof - Provide Copy	
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Is your pet an Emotional Support Animal? - Provide Documentation	

NOTES? COMMENTS? ADDITIONAL INFORMATION?

Thank you!