

Country Village Estates Homeowner/Resident Information

Please fill in all the information requested so that the Board of Directors can best serve you. Thank you.

Date: _____

House No.: _____ Theodore Drive

Name(s) of Owner(s): _____

Name(s) of any additional residents in the home: _____

Telephone numbers of owners/residents:

Home Phone: _____ Publish in Directory? Yes ____ No ____

Cell Phone: _____ (name) _____ Publish? Yes ____ No ____

Cell Phone: _____ (name) _____ Publish? Yes ____ No ____

Cell Phone: _____ (name) _____ Publish? Yes ____ No ____

Winter Residence (if applicable): _____

Email address(es) of owner(s): **(Emails will not be published in Directory)**

Make & Model of car(s)

#1: _____ Plate # _____

#2: _____ Plate # _____

Do you have a home health aide? Yes ____ No ____

Name, relationship, address, phone number and email address of *emergency contact(s)*:

Do they have a key to the home? Yes ____ No ____

Do you want to receive Robo calls? Yes ____ No ____

Do you want to receive Emails? Yes ____ No ____