



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

## THE HAMMOCKS CAPE HAZE

### Resident Information Form

Please fill out **ALL** of the information in the form below. We are requesting your contact information, including phone numbers and email addresses, so we may contact you with pertinent information regarding life at **The Hammocks Cape Haze**. Completion of this form will allow us to issue you a parking sticker (to park in the garages) and a White Card, to access and enjoy all amenities.

Building #: _____ Unit #: _____	Please Check: <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Rented Before? <input type="checkbox"/> If so, when: _____								
	If Renter, <b>ATTACH COPY OF LEASE AGREEMENT.</b>								
Occupants Name (s) if different from owner.	Owner's Name (s): _____ _____								
	Owner's Address: _____ _____ _____								
Mailing Address: _____ _____	Owner's Phone: _____								
Occupant's Phone: _____	Cell Phone Numbers: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;">Name</td> <td style="width: 40%; text-align: center;">Number</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Number</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> </table>	Name	Number			Name	Number		
Name	Number								
Name	Number								
Cell Phone: _____									
Emergency Contact Name:	Emergency Contact Phone #s: _____								
Vehicle Information: _____ Sticker # _____ Vehicle #1 Make: _____ Vehicle #1 Model: _____ Vehicle #1 License: _____ Vehicle #2 Make: _____ Vehicle #2 Model: _____ Vehicle #2 License: _____	Please provide a four digit number for your gate code: (if you have not already done so) First Choice _____ Second Choice _____								
	Are you a permanent resident? Y ___ No ___ Dates in residence: From: _____ (MM/DD/YY) To: _____ (MM/DD/YY)								
Parking Location Number (s) _____	Have you received a copy of the Hammocks Rules and Regulations? Y ___ N ___								
Email Address(es): _____	Phone #: _____ Phone #: _____								
I agree I do not agree <input type="checkbox"/> <input type="checkbox"/> to allow The Hammocks at Cape Haze to provide pertinent information to me via email and by phone. <input type="checkbox"/> <input type="checkbox"/> to allow The Hammocks at Cape Haze to include my address information in the Owners Directory. <input type="checkbox"/> <input type="checkbox"/> to allow The Hammocks at Cape Haze to include my phone information in the Owners Directory. <input type="checkbox"/> <input type="checkbox"/> to allow The Hammocks at Cape Haze to include my email information in the Owners Directory.									
Signed: _____ <div style="display: flex; justify-content: space-around;"> <span>Owner/Renter</span> <span>Owner/Renter</span> </div> (Pertinent information may include emergency notifications, notice of HOA meetings, social events, etc.)									
<b>For Hammocks Use: White Card Numbers Assigned:</b> First Card: _____ Second Card: _____ Third Card: _____ Fourth Card: _____									
<b>Manager's Comments:</b>   									