WATERFRONT CONDOMINIUM

OWNER/LESSEE EMERGENCY DATA SHEET
CONFIDENTIAL INFORMATION ... NOT FOR PUBLICATION

NAME	**UNIT #**	
LOCAL ADDRESS		
LOCAL PHONE #	**AWAY PHONE #**	
AWAY ADDRESS		
CITY	**STATE**	**ZIP**
ARE YOU A FULL-TIME RESIDENT? (YES/NO)		
IF PART-TIME RESIDENT SPECIFY OCCUPANCY PERIODS		
NEAREST RELATIVE'S NAME	**PHONE NUMBER**	
RELATIVE'S ADDRESS		
CITY	**STATE**	**ZIP**
OTHER OCCUPANTS IN UNIT?	**RELATIONSHIP**	
PET INFORMATION (ATTACH PICTURE)		
EMAIL ADDRESS (OPTIONAL)_____		
ADDITIONAL INFORMATION:		
Is there any information tou would NOT want published in the Directory?_____		