

SABAL POINTE TOWNHOMES

Please Return to Ameri-Tech Community Management, Inc.
24701 US Hwy 19 N, Suite 102, Clearwater, FL 33763
E-mail: rdunner@ameritechmail.com

EMERGENCY CONTACT INFORMATION FOR OWNER OR TENANT

PROPERTY ADDRESS _____ UNIT _____

Please complete the form below by **PRINTING** the requested information, sign & date and either hand deliver, mail, or scan & email to Ameri-Tech Community Management c/o Ronny Dunner.

Homeowners Name(s) _____

Resident Address _____ Unit _____

Mailing Address (if different) _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

Email _____ Cell # _____

Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)

Name _____ Phone _____

Mailing Address _____

Nearest Relative (in case of emergency)

Name _____ Phone _____

Mailing Address _____

TENANT(s), if applicable _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

E-mail _____ Cell # _____

Number of Person(s) occupying unit

Number of Pets (and type) (If permitted by Docs)

Adults(s) ____ Children ____

Dogs ____ Cats ____ Other ____

Vehicle(s) ____ Make/Yr ____ Model ____ Color ____ TAG Number ____

Parking Pass: \$10 _____ Pool key: \$25 _____

PLEASE SIGN AND DATE BELOW:

Owner Signature _____ Date _____ Co-Owner Signature (if applicable) _____ Date _____

☐ I give permission to share my personal information (phone numbers, e-mail & address) with other SABAL POINTE TOWNHOME'S owners.