

KEY VISTA VILLAS
RESIDENT INFORMATION QUESTIONNAIRE

REC'D by HOA: _____ Publish in Directory? _____ Last Name: _____
(Date) *YES or NO* *(Print clearly)*

So that your KVV Homeowner's Association can better serve you and your family's needs in case of an emergency or natural disaster, please complete this questionnaire to the best of your ability. The information you provide will be held in strict confidence, and will be used only to identify a resident, his or her next of kin, or another resident who is permitted access to your residence when absolutely necessary. The information you supply will be held in two (2) locations: 1) Association Secretary's records and 2) Association's Property Manager's records.

KVV

RESIDENCE:

STREET _____ LOT _____
ADDRESS: _____ NO: _____

PHONE NUMBER: _____

ALTERNATE / SEASONAL CONTACT (ADDRESS) INFORMATION FOR RESIDENTS WHO WILL BE AWAY FROM THEIR KVV PROPERTY PART TIME.

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

PLEASE INFORM OUR PROPERTY MANAGEMENT COMPANY (RPM) BY EMAIL OR LETTER ADVISING THEM OF DATE THAT YOU WILL VACATE AND DATE YOU PLAN ON RETURNING TO YOUR KVV ADDRESS. INCLUDE YOUR NAME AND KVV ADDRESS .

RPM EMAIL ADDRESS: bking@resoucepropertymgmt.com or khipps@resourcepropertymgmt.com

Or

Mail to: Resource Property Management
Attn: Beth King
28100 U.S. Hwy 19 N., Suite 200
Clearwater, FL 33761

**WHAT ADDRESS WOULD YOU LIKE YOUR POST MAIL TO BE SENT TO WHILE AWAY?
PLEASE CHECK ONE OF THE ADDRESSES BELOW:**

KVV ADDRESS _____ OR SEASONAL ADDRESS _____

RESIDENTS (please list separately). Use additional blank paper to list info for any additional residents.)

First Name: _____	Last Name: _____	Owner _____	Relative _____
		Renter _____	Seasonal _____
Cell Phone Number: _____		Email Address: _____	

First Name: _____	Last Name: _____	Owner _____	Relative _____
		Renter _____	Seasonal _____
Cell Phone Number: _____		Email Address: _____	

Who have you authorized to access your property in in your absence?

PERSON AUTHORIZED TO ACCESS YOUR PROPERTY	
FULL NAME: _____	
FULL ADDRESS: _____	
HOME PHONE: _____	OTHER PHONE: _____

I/We hereby direct the KVV Homeowner's Association and its Property Manager:

(Check only one)

{ } to publish my/our names and residence contact information in the Key Vista Villas directory and on the Key Vista Villas community website.

{ } NOT to publish my/our names and residence contact information in any directory or on the community website.

Resident(s)

NAME: _____
(print)

SIGNATURE: _____
(sign)

NAME: _____
(print)

SIGNATURE: _____
(sign)