



HOMEDOWNER and RESIDENT INFORMATION FORM

FAMILY NAME(S): _____

PROPERTY ADDRESS: _____

LANDLINE PHONE, IF ANY: _____

HOMEDOWNER INFORMATION:		OWNER 1	OWNER 2
NAME			
MOBILE PHONE			
EMAIL (See ** bottom of pg2)			
Is this your primary residence?		YES	NO
Is this a rental property?		YES	NO
If this is not your primary residence, what are your regular periods of residence in Turtle Rock? DATE RANGE(S):			
If this is not your primary residence, where and how can you best be reached when not in Turtle Rock?			
ADDRESS		MOBILE PHONE	EMAIL
HOME WATCHER OR PROPERTY MANAGEMENT COMPANY WHEN NOT IN RESIDENCE:			
COMPANY & INDIVIDUAL NAME			
PHONE	EMAIL		
USE "N/A" TO ANSWER ANY QUESTIONS THAT DO NOT APPLY TO YOUR SITUATION. TO ADD MORE INFORMATION THAN SPACE IS PROVIDED ON THIS FORM, SIMPLY ATTACH AN ADDITIONAL PAGE.			
EMERGENCY CONTACTS:		CONTACT 1	CONTACT 2
NAME			
PHONE			
EMAIL			
RELATIONSHIP			
RESIDENT INFORMATION: Please list the name of every person who will reside at the property and their relationship to you. For Tenants, please complete the Tenant Contact section on Page 2.			
OWNERS IN RESIDENCE			
CHILDREN IN RESIDENCE			
LIVE-IN PARENTS			
OTHERS IN RESIDENCE Please specify relationship			

PET INFORMATION: Are there pets living at this residence? YES NO				
If yes, please list and describe your pets.	Name	Type/Breed	Weight (lb)	Any special notes:
MEDICAL INFORMATION: Turtle Rock does not offer any services that support residents with medical needs or conditions. If, however, you want to make us aware of any medical issues, you may do so below. Individuals with special medical needs are encouraged to register them with Sarasota County at www.SCgov.net under Medical Needs Program.				
TENANT CONTACTS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><i>TENANT 1</i></div> <div style="width: 30%;"><i>TENANT 2</i></div> </div>				
NAME				
MOBILE PHONE				
EMAIL				
AREAS OF EXPERTISE: Turtle Rock is largely managed by volunteers and thus welcomes the participation of homeowners with knowledge in a special area of expertise or in a line of business they either own or operate. Please let us know if you have expertise in a particular field or own or operate a specific business:				
May we contact you to learn more about your area of expertise? YES NO				
Do you give your permission to identify you and your area of expertise or line of business in Turtle Rock publications, such as the owner's directory, newsletters, or other similar communication or publication materials? YES NO				
OWNER RELEASE INFORMATION: By signing below, you <u>understand and agree to the following:</u> 1) Your email addresses listed (top of page 1**) are valid and active; and you agree to receive legal notices from Turtle Rock via electronic transmission using these e-addresses; 2) The information on this sheet will be used solely for the purpose of effective management and communication of Turtle Rock Association matters; and 3) You agree to <i>abide by</i> all guidelines, rules and regulations that are established in the Turtle Rock governing documents, including those in the <u>Turtle Rock Owners' Manual</u> (TROM). The TROM is available at www.myturtlerock.com				
Please Print Name		Signature		Date