

Owner/Member/Occupant Information Form

All information should be provided. – Page 1/3

Owner/Member General Information

Association Name: _____

Account#: _____ Unit #: _____ or Street Address: _____

Owner/Member Name(s): _____
Last Name First Name Middle Name

Last Name First Name Middle Name

Physical Address:

Mailing Address:

Street Address

Street Address/PO Box

Town/City State Zip

Town/City State Zip

_____ 's Contact Inf. _____ 's Contact Inf.

If your Association is utilizing the Rob-Call system, please ✓ all #'s to be used for Robo-Calls

Home Number: _____

Cellular Number: _____

Work Number: _____

E-mail Address: _____

Emergency Contact: _____

Emergency Contact #: _____

Vehicle Information: _____
(if owner occupied) Year Make Model Year Make Model

Color State Color State

License Plate # License Plate #

For Office Use Only: Reviewed By: _____

Date Received: _____ / _____ / _____

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All information should be provided. – Page 2/3

Mortgage Information

Name of Mortgage Holder: _____

Address of Mortgage Holder: _____

Account #: _____ Telephone # of Mortgage Holder: _____

Preferred Method of Communication

I/We, owners of the above property, choose the following as our preferred method of delivery for Association Communications. I/we understand if I/we choose email for any of the correspondence from my Association, a hard copy will no longer be mailed to me/us. It is my/our responsibility to keep my/our email address current. By submitting this statement, I/we assume all responsibility/risk for use of the paperless service and agree to hold the Association harmless for any delay or delivery failure. A delay or failure does not waive me/us of any responsibility due to lack of receipt. You can update your preferred method of communication on the Owner Portal.

Type of Communication

<input type="checkbox"/> Email	<input type="checkbox"/> Mail	Statements
<input type="checkbox"/> Email	<input type="checkbox"/> Mail	Delinquency Letters
<input type="checkbox"/> Email	<input type="checkbox"/> Mail	Architectural Letters
<input type="checkbox"/> Email	<input type="checkbox"/> Mail	Compliance Letters
<input type="checkbox"/> Email	<input type="checkbox"/> Mail	Miscellaneous Letters (including budgets, financial statements)
<input type="checkbox"/> None	<input type="checkbox"/> Mail	Coupons (if you do not need, please select none to save the Association money)

Pet Information

AS A MEMBER/TENANT, YOU CAN ONLY HAVE A PET IF AND ONLY IF YOUR ASSOCIATION ALLOWS PETS
(please refer to your Governing Documents and call us if you are unsure).

By completing this information, it does not make you exempt from the Governing Documents if pets are not allowed. If you have a pet, you are responsible to clean up after your pet. The pet must be leashed at all times and only walked in the designated areas. Please refer to the Association's Rules and Regulations for additional information.

Pet #1: (Dog/Cat) Breed: _____ Color: _____ License/Reg #: _____

Pet #2: (Dog/Cat) Breed: _____ Color: _____ License/Reg #: _____

For Office Use Only: Reviewed By: _____

Date Received: _____ / _____ / _____

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All information should be provided. – Page 3/3

Occupant Information

If Owner is the Occupant skip this section.

Providing this information does not make you exempt from the Governing Documents if there are rental restrictions

Occupant Name(s):

Last Name First Name Middle Name

Last Name First Name Middle Name

Mailing Address:

Street Address/PO Box Town/City State Zip

_____'s Contact Inf. _____'s Contact Inf.

If your Association is utilizing the Rob-Call system, please ✓ all #'s to be used for Robo-Calls

Home Number:

Cellular Number:

Work Number:

E-mail Address:

Emergency Contact:

Emergency Contact #:

Vehicle Information:

Year Make Model Year Make Model

Color State Color State

License Plate # License Plate #

RETURN THIS FORM VIA ONE OF THE FOLOWING METHODS:

Mail
Spinnaker Management, LLC
4 Bridge Street
Broadalbin, NY 12025

Facsimile
(518) 883-5218

E-Mail
Accounting@Spinnakerusa.com

For Office Use Only: Reviewed By: _____

Date Received: ____ / ____ / ____