



RESIDENT INFORMATION FORM

Printed Name of Resident: _____

Printed Name of Co-Resident: _____

Phone Number of Resident: _____ Phone Number of Co-Resident: _____

Email of Resident: _____ Email of Co-Resident: _____

Tamiami Community Address:

Tamiami Community Address: _____

Secondary/Northern Address:

Secondary/Northern Address: _____

Check this box if you do not have a secondary address

Emergency Contact 1: (Must be someone who does not reside with you at the Tamiami Community Address)

Name: _____ Address: _____

Phone Number: _____ Relation: _____ Email: _____

Emergency Contact 2: (Must be someone who does not reside with you at the Tamiami Community Address)

Name: _____ Address: _____

Phone Number: _____ Relation: _____ Email: _____

Keys:

Yes, I would like to leave a key for my home kept in an envelope in my file in the office.

No, I do not want to leave a key in the office but have left one with the following person.

Name: _____

Address: _____

Phone Number: _____

Lawn Care and Home Watch:

Lawn Care Provider: _____ Phone #: _____

Home Watcher: _____ Phone #: _____

Hurricane Preparation Acknowledgement:

I/we acknowledge that I/we are required to have my/our home prepared for summer hurricanes, lowering shutters and storing all flowerpots, ornamental decorations, and all other articles that could become flying projectiles during a storm. I/we further acknowledge that I/we am/are required to provide the Tamiami Village office with the name and contact information of my/our home watch provider, if I/we will be not in Tamiami Community during the hurricane season. (June 1st to November 30th)

Signature of Resident: _____

Signature of Co-Resident: _____

As you leave Tamiami Village to go north, be sure that the above information is on file and has not changed.