ISLAND VILLAGE CONDOMINIUM ASSN, INC.

OWNER PROFILE

C/O A&M Management Partners Company aandmmgmt.com

Complete form and scan and email to Jackiehammgmt@gmail.com

1. NAME (S) of OWNERS	i:				
UNIT #	Parking Space #				
Address for Receiving Mail: _ City:		State:		Zip:	
Telephone Numbers: Condo Work	()				
6. E-Mail Address:					
Please check one of the follow Full Time Resident Part Time Resident	wing:	Rental Only Both Residential &	Rental:		
7. Emergency Contact:		_ Phone:		_Relation:	
8. Rental Information:	Handled by Owner?	YES	NO _		
9. IF NO, please provide nar	me & phone number of a	agent or person handlin	ig rental:		
Name:	Phone:				
Please ensure that a "Rente BEFORE your tenant moves understands all Rules and Re	in. It is also the own	-	-		-
10. PETS: Up to 2 (cats, small Type: Type:			Weig	ht: ht:	
11. VEHICLE REGISTRATION: Year Make				Tag#	State
12. FAMILY MEMBERS wh Last Name:	o may stay with you or First Name (s):	in your unit while you Relationship:	-	her Info:	
			Date forr	n filled out:	