OCEAN VILLAGE HOMEOWNERS' ASSOCIATION
OWNER INFORMATION FORM

I. **OWNER INFORMATION:**

Owner Name: _____

O.V.V. Address: _____

Mailing Address where you would like to receive all Association correspondence, if different from above.

_____

PHONE NUMBER(S):
Home # (local)_____Home # (out of town)_____
Work #_____Cell #_____
EMAIL_____

II. **PLEASE PROVIDE INFORMATION OF PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY:**
Name_____Phone #_____
Name_____Phone #_____

III. **IS OCEAN VILLAGE YOUR PERMANENT RESIDENCE OR SEASONAL RESIDENCE?**

A)Permanent: YES OR NO (circle one) B) Seasonal: YES OR NO (circle one)
If permanent, please list names of all people residing in unit.
_____

If you answered YES to seasonal please let us know what time of year you are living at Ocean Village,
_____

IV. **A) DO YOU RENT YOUR UNIT?** YES OR NO (circle one)

If you answered YES please provide your tenants with a copy of the rules and regulations of Ocean Village.
YOU MUST ALSO PROVIDE THE ASSOCIATION WITH A COMPLETED TENANT REGISTRATION FORM
(This should be provided prior to Tenant occupying unit)

B) DOES A REAL ESTATE COMPANY LEASE YOUR UNIT? YES OR NO (circle one)

Name of company_____Phone #_____

Name of Agent_____

V. PLEASE PROVIDE YOUR INSURANCE COMPANY INFO _____

_____

_____ _____
Owner Signature Date Owner Signature Date

PLEASE RETURN FORM TO:
OCEAN VILLAGE VILLAS HOMEOWNERS ASSOC. 635 FLAMINGO DRIVE, ORMOND BEACH, FL 32176
OR FAX # 386-677-8078 email to: oceanvillagehoa@cfl.rr.com

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