

It is again time to bring my records up to date at Indies West. Please complete this form and return it with your quarterly fee payment.

Mailing address for notices, correspondences, etc. Please list it exactly as you would like it to appear on our Owners' Address List. If multiple family members own and you would like all names published, please make copies of this form and complete for each family. The first section is the information that appears on the owner list *for publication*. If you **do not** want any of this information published, do not fill in that line. By completing section I, you are giving permission to publish this information on the list that goes to all owners.

Section I – for publication

Name(s) _____ Your IW Phone Number _____
Northern Phone Number _____
Indicate who cell number belongs to - Cell Phone Number _____
Indicate who cell number belongs to - Cell Phone Number _____
E-mail Address _____
E-mail Address _____
Northern Address _____
City _____ State _____ Zip _____

Section II – for my office use only.

This information is for my office use only. If you provided all of the information in Section I, you do not need to complete this section again unless you left some areas blank that you did not want published.

Name(s) _____ Your IW Phone Number _____
Northern Phone Number _____
Indicate who cell number belongs to - Cell Phone Number _____
Indicate who cell number belongs to - Cell Phone Number _____
E-mail Address _____
E-mail Address _____
Northern Address _____
City _____ State _____ Zip _____

Section III – for my office use only.

Please show the mailing address for quarterly fee or maintenance invoices if different from above (Example: in the case of trusts, multiple family member owners, etc.)

Name _____ Phone Number _____
Address _____ Fax Number _____
City _____ State _____ Zip _____

Any special instructions or other information I should have on file?

Section IV – for my office use only

In case of a personal emergency during Indies West residency, who should I contact? (Parents, children, etc). Please list names, addresses and phone numbers below and be sure to show their relationship to you. If you need more space, please attach another piece of paper.

Name	Relationship	Address	City, State, Zip	Phone No.
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Section V – for my information only.

As the Manager, I am required to schedule regular checks on your apartment in your absence. I need to know if anyone else has been given permission to enter your apartment or use your vehicle in your absence.

Do you have a housekeeper/cleaning person for your Indies West Unit?

Name _____ Phone Number _____
Do they have a key? _____

Are there ANY contractors that have a key to your apartment at Indies West? Yes _____ No _____
If yes, who? _____

Has anyone else been authorized by you to check your apartment in your absence? Yes _____ No _____
If yes, who and how often? _____

Has anyone else been authorized by you to use your vehicle or "exercise" it in your absence? Yes _____
No _____ If yes, who? _____

Will you be leasing your Indies West apartment? Yes _____ No _____
Has your lease been submitted to the office? Yes _____ No _____

If you are willing to receive information from the Indies West office via email rather than snail mail, please sign below. This would include notes from the office, board/annual meeting notices, board/annual meeting minutes, committee correspondence, and in some cases quarterly fee invoices.

Signature _____