

Meadows South Association, Inc
PO Box 5635
Titusville, FL 32783-5635

In order for the Board of Directors to better serve you we ask that all residents and/or owners complete the following information. It can be returned by mail, left in the drop box with your dues or the information can be included in an email to secretary@meadowssouth.org. A blank copy of this form is also available on our web site in the Documents screen.

This will be included in a CONFIDENTIAL directory available only to officers and directors of this association. The information will only be supplied to Emergency Responders (Police, Fire Dept., EMT's and Ambulance) and will not be published or distributed to any other parties. Having this information has been of great value to residents and their families during emergencies in the past and we urge everyone to participate in updating our records.

UNIT # _____ DO YOU OWN THIS UNIT? _____ RENT? _____

OWNERS NAME(S) _____

(If different)

ADDRESS _____

EMAIL _____

OWNERS PHONE# _____ CELL# _____

NAMES OF PERMANENT RESIDENTS, INCLUDING CHILDREN

PHONE # _____ CELL# _____

EMAIL _____

PETS _____ CATS _____ DOGS _____ NUMBER OF CARS _____

LIC# _____ MAKE _____ / LIC# _____ MAKE _____

**EMERGENCY
CONTACT _____**

ADDRESS _____

PHONE _____ CELL _____ SPARE KEY? YES / NO

DOES ANYONE ELSE HAVE A SPARE KEY IN CASE OF EMERGENCY? _____

PEST CONTROL PREFERENCE (1ST Tues. each month) - Noon-5PM / 5PM-7PM