## **La Solana Condo Owner Information Sheet**

Owner (s) Name:	Unit#			
Mailing Address (if La Solana not Primary Home)		Sta		Zip Co
lomeowners who have another residence, please notify	the Clubhouse	Office when y	ou depart and w	vhen you re
Main Contact Phone Number:	(	)		
Home Phone Number	(	)		
Alternate Phone Number:	(	)		
E-Mail Address/s:				
Local Condo Contact Information:				
Please provide the following information of a LOCAL	contact who ha	s a key to you	r unit in your al	bsence in th
event of an emergency.		-	_	
Contact Name:				_
Contact Number: Alternat	tive Phone Numb	oer		
Do you have a lock box?Yes	N	Jo.		
Contact Name:				-
Contact Number: Alterna	tive Phone Numb	oer		
Vehicle Type: Co	olor:		License#:	
•				
2 <sup>nd</sup> Vehicle Type: Co	olor:		License#:	
	olor:			
Would you like to be listed in the LaSolana Owner Direct	olor:	Yes		)
Would you like to be listed in the LaSolana Owner Directly 15 yes, would you like your email included?	olor:	Yes Yes	No	)
Would you like to be listed in the LaSolana Owner Directors, would you like your email included?  Do you have a pet?Yes	olor: etory?N	Yes Yes	No	)
Would you like to be listed in the LaSolana Owner Directors If yes, would you like your email included?  Do you have a pet?Yes  Access Card	olor:N  Return Date Return Date	Yes Yes	No	)
Would you like to be listed in the LaSolana Owner Director If yes, would you like your email included?  Do you have a pet?Yes  Access Card	olor:N  Return Date Return Date	Yes Yes	No	)
Would you like to be listed in the LaSolana Owner Directors If yes, would you like your email included?  Do you have a pet?Yes  Access Card	olor:N  tory?N  Return Date  Return Date  rds are not return	Yes Yes To	No	
Would you like to be listed in the LaSolana Owner Directly yes, would you like your email included?  Do you have a pet?Yes  Access CardAccess CardThere is a \$75.00 per card fee if the care	olor:N  tory?N  Return Date  Return Date  rds are not return	Yes Yes To	No	