

Club Chalet Cooperative Association, Inc.
7880 54th Avenue North
St. Petersburg, Florida 33709

EMERGENCY CONTACT INFORMATION
Of Owner(s)

Please complete the form below by PRINTING the requested information, sign, & date.

OWNER NAME(S) _____ UNIT _____

Resident name (if not owner) _____

Resident/Owner(s) Address (if different) _____

Mailing Address _____

(Address you want any correspondence from Ameri-Tech or Club Chalet to be sent to)

Telephone Number: (1) _____ Text/Cell: YES or NO

Telephone Number: (2) _____ Text/Cell: YES or NO

Email (1) _____

Email (2) _____

RELATIVE (or person we need to contact in case of emergency)

Name _____ Phone _____

Mailing Address _____

Nearest **CONTACT** (relative, friend, neighbor) with a key (in case of emergency):

Name & Phone _____

Number of Person(s) occupying unit (max. 2)

Pet: Dog or Cat _____

ADULTS _____ (no children)

Current Veterinarian Shots _____

Vehicle Information: Year/Make/Model _____

License Plate # _____

I (We) understand this information will be shared with the current Management Company.

PLEASE SIGN AND DATE BELOW (update any and all changes to Club Chalet Office)

Owner(S)

Signature _____ DATE: _____

Signature _____ DATE _____