

Towers at Lakepoint Membership Info Survey

Last Name: _____ First Name: _____ First Name: _____

Towers Unit Number: _____ Home Phone: _____ Cell Phone: _____

Billing Address: _____ City/State/Zip: _____

Email (s): _____

Emergency Contact/ Phone: _____ Garage Access Code: _____

Primary condo use: _____ Primary Residence _____ Second Home _____ Rental/Short Term
_____ Rental/Long Term

Rental Management: _____ Self _____ Other: _____
Name of company

If your unit is a rental, please provide the following tenant or management company information:

Name(s) (first and last): _____

Contact Information for tenant or management company: _____

The information is not to be used for purposes other than those related directly to management of Towers at Lakepoint Association, and the data will be safeguarded as appropriate to those limited ends.

I _____, grant permission to the Towers at Lakepoint Association to post my email address and telephone number on the password protected Owner List that is posted on the website.

Towers at Lakepoint Owners have the option of receiving their monthly dues statements by email or by regular US Mail. Please indicate your preference below.

I wish to receive my monthly dues statements by regular US Mail

I wish to receive my monthly dues statements by email
please send to the following email address: _____