



### HOMEOWNER INFORMATION

HOMEOWNER NAME: \_\_\_\_\_ LOT #: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_  
MAILING/BILLING ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ ☐ YES, ALLOW EMERGENCY AND NON-EMERGENCY USE  
OTHER PHONE: \_\_\_\_\_ ☐ YES, ALLOW EMERGENCY AND NON-EMERGENCY USE

**IMPORTANT!** Please identify which phone numbers listed above you wish to be notified in the event of an emergency or non-emergency through our new system Resident Alert™ by checking the box on the respective number. Timely messages recorded by our property manager will be broadcast to the number you select.

### CO-OWNER INFORMATION (IF ON DEED)

HOMEOWNER NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ ☐ YES, ALLOW EMERGENCY AND NON-EMERGENCY USE  
OTHER PHONE: \_\_\_\_\_ ☐ YES, ALLOW EMERGENCY AND NON-EMERGENCY USE

**IMPORTANT!** Please identify which phone numbers listed above you wish to be notified in the event of an emergency or non-emergency through our new system Resident Alert™ by checking the box on the respective number. Timely messages recorded by our property manager will be broadcast to the number you select.

### ADDITIONAL OCCUPANT INFORMATION

*By filling out the information below you are granting community access to the resident occupants.*

ADDITIONAL OCCUPANT 1 NAME: _____	RELATIONSHIP TO OWNER: _____
ADDITIONAL OCCUPANT 2 NAME: _____	RELATIONSHIP TO OWNER: _____
ADDITIONAL OCCUPANT 3 NAME: _____	RELATIONSHIP TO OWNER: _____
ADDITIONAL OCCUPANT 4 NAME: _____	RELATIONSHIP TO OWNER: _____
ADDITIONAL OCCUPANT 5 NAME: _____	RELATIONSHIP TO OWNER: _____
ADDITIONAL OCCUPANT 6 NAME: _____	RELATIONSHIP TO OWNER: _____

**IF ADDITIONAL OCCUPANTS ARE OVER THE AGE OF 14, PROOF OF RESIDENCY MUST BE SUBMITTED WITH FORM IF NOT IMMEDIATE FAMILY MEMBERS (CHILDREN, SPOUSE, PARENT, ETC.)**

### EMERGENCY CONTACT

EMERGENCY CONTACT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

### TERMS & CONDITIONS

I authorize FirstService Residential to alert the phone number(s) listed above for urgent and timely alerts, and to email the above email addresses with any pertinent notifications.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMAIL TO: [HOA@reserveatsawgrass.com](mailto:HOA@reserveatsawgrass.com)**

OR MAIL FORM TO: FirstService Residential, 2300 Maitland Center Pkwy Ste. 101, Maitland, FL 32751

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