



KINGS COURT HOMEOWNERS ASSOCIATION, INC.

8600 S.W. 113 PLACE, MIAMI, FL 33173

Office: 305-274-8608

Fax: 305-274-2834

RESIDENT INFORMATION FORM

In an effort to Update Our Files and Input correct UPDATED information into our New Database, please complete this form and return to Property Manager Immediately. You may drop it off, mail it or send via fax. Information provided will be kept confidential.

PLEASE CIRCLE ONE: OWNER or RENTER	Account #:
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This Form must be completed by both Owners and Renters of the same unit!

Property Address:

Resident(s) Name:

Home Telephone #:

Work Telephone #:

E-mail Address:

Cellular #:

Fax #:

Mailing Address:

(If Different)

If Outside Company is handling the rental of your unit, please provide Information, such as Contact Name, Company, Phone Numbers, E-mail, etc.:

Other Residents:

Relationship:

Work Telephone #:

E-mail Address:

Cellular #:

Fax #:

Other Residents:

Relationship:

Work Telephone #:

E-mail Address:

Cellular #:

Fax #:

Local Emergency Contact

Name(s)

Relationship:

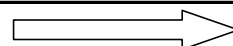
Home Telephone #:

Work Telephone #:

E-mail Address:

Cellular #:

Fax #:



16

Vehicle Information

TAG NUMBER & STATE

MAKE/MODEL/COLOR/YEAR

DRIVER'S FULL NAME

_____	_____	_____
_____	_____	_____
_____	_____	_____

Magnetic Card(s) and/or Transponder(s) Number:

Magnetic # (No 000 ____)

Transponder Tag ID#

Name of Person Using Card/Transponder

_____	_____	_____
_____	_____	_____
_____	_____	_____

As stipulated in the association handbook, under rules and regulations, it is intended that resident normally enter with gate access cards and not on a basis of recognition by the security guards.

Permanent List of Authorized Visitors

This is to authorize and request access to the person(s) named below. In giving this authorization and request the undersigned acknowledges and agrees: 1. Although the purpose(s) of the entry is stated below (for information only), the undersigned is responsible to see to such purpose(s) being fulfilled for limiting access to the accomplishment of such purpose(s). 2. The undersigned is responsible for controlling the conduct of the person(s) to whom access was given. 3. The undersign agrees to fully indemnify and hold harmless the Association and all its officers, directors, members, employees and agents (including, without limitation, Association management, security companies and their officers, directors, and employees) for and from any and all misconduct or negligence of the person(s) named below, whether in the unit, the common elements of the Association or otherwise (such agreement to include all attorney fees and court costs regardless of whether suit is brought or any appeal is taken there from).

First Name

Last Name

Company Name or Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature(s):

Name(s):

Date:

_____	_____
_____	_____
_____	_____

**** Office Use Only ****

Date Form received

Date Entered In System

Entered By:

Notes:

