

CYPRESS CHASE CONDOMINIUM ASSOCIATION "A", INC

c/o UNIFIED PROPERTY SALES
12358 Wiles Road, Coral Springs, Fl. 33076
Phone: 954 757 8223 Fax: 954 752 2343

55 + SURVEY

Being a 55+ community, we must make a survey on occupancy every 2 years.
Please complete this form and return it immediately **PLEASE FAX TO 954 752 2343**

UNIT # _____ TEL: _____ TEL: _____

E-MAIL _____

OWNER(S) 1 _____ 2 _____
3 _____ 4 _____

NAME OF OCCUPANT/S	DATE OF BIRTH OF OCCUPANT/S
1 _____	_____/_____/_____
2 _____	_____/_____/_____
3 _____	_____/_____/_____
4 _____	_____/_____/_____

SEND CURRENT **PHOTO ID OF EACH OCCUPANT WHICH SHOWS DATE OF BIRTH.**

YEAR ROUND RESIDENT YES _____ NO _____

In case of emergency please notify:

1 _____ relationship _____ phone no _____

2 _____ relationship _____ phone no _____

Keys to unit given to the association: yes _____ no _____

For an emergency, if the owner is absent and there is no key in the office, the owner will be responsible for the cost of a locksmith.

Person checking unit in your absence: Name _____ unit # _____
Telephone _____

Vehicle registration
Year: _____ Make _____ Model _____
License tag _____ state/prov _____ sticker no _____
Parking space _____

Seasonal residents - Date of arrival _____ Date of departure _____

Other mailing address _____

Tel no _____ e-mail _____

Do you agree to receive all condo news and notifications by E-Mail Yes _____ or NO _____ ?

SIGNATURE _____ Date _____

OCCUPANCY REPORT _____ Date