



LOT # _____

Street: _____

Fulltime Seasonal Rental

The following information is requested for use by:
Paradise Island Co-Op, Inc and/or Paradise Island Homeowners Association, Inc.

As a resident in Paradise Island I give the associations above the authority to use my contact information as indicated:

I (We) are: Shareholder(s) Leaseholder(s) Renter

PLEASE PRINT ALL CONTACT INFORMATION

Resident Name(s): _____

Phone Number(s): _____

Email Address(es): _____

Mailing Address: _____

I (we) authorize use in the following systems and/or using the following process for information updates & notifications:

- Paradise Island Management Systems
- One Call Alerts Phone Calls Text Message - Cell Phones only E-Mail
- Co-Op Shareholder Communication
- HOA Communication
- Community Directory/Yellow Phone Book

How would you like your name(s) listed in the directory/phone book?

PLEASE PRINT

PLEASE PRINT

Signature(s): _____

Date: _____

Date: _____

Office Use Only:

Shareholders Only: Copy to Co-Op Secretary Mail Box

Leaseholders Only: Copy to HOA Mailbox

For Both Shareholders & Leaseholders :

Update Mgmt. Systems Update Phone Directory File

Copy to Mailbox

Update One Call

Previous Owner