



RESIDENT INFORMATION SHEET

Residents in home: First _____ Last _____

First _____ Last _____

Street Address: _____ North Port, Florida 34287

Home Phone _____ (In Village at Riverwalk)

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Birthdate - MM/DD _____ MM/DD _____

Anniversary _____

EMERGENCY CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____ Telephone _____ Email _____

AUTHORIZATION TO RELEASE INFORMATION

I/We, the undersigned owner(s) of the above unit do hereby consent to the Board of Directors and it's representatives, to release the following information to other owners of the association and to include our Information in the Village Directory. Please check all that apply or write NO to not disclose.

_____ Email addresses _____ Alternate addresses _____ Phone Numbers _____

We understand that by signing this authorization, we are waiving our right pursuant to Florida Statute 718.11(12) not to have this information disclosed to other unit owners. We further acknowledge that if we do not sign this authorization, our information will not be included in any association directory or other association related documents which the Board of Directors may publish from time to time. To be valid, this must be signed by all owners of record of the unit.

Signature

Signature

Printed Name

Printed Name

Date

Date

PLEASE RETURN FORM TO THE RIVERWALK OFFICE

Village at Riverwalk
150 Riverwalk Drive North Port, FL 34287
Tel: 941-429-1431 Fax: 941-429-1513
Email: riverwalk.village@verizon.net
Website: Village at Riverwalk.net