

The Hammocks at Riviera Dunes Association OWNER/RENTER REGISTRATION

OWNER INFORMATION

Unit Owner Name:

Unit Address:

Mailing address:

City:

State:

ZIP Code:

Primary Phone:

Cell Phone:

Alt. Cell Phone:

Email Address:

May we publish your information in the Owner's Directory? Yes No

How do you anticipate using your new unit? (Please circle one)

Full time resident

Part time resident

Rental

Anticipated closing date:

This form must be submitted to C&S Management at least 2 weeks prior to the closing date.

Emergency Contact Name:

Emergency Contact Phone:

RENTER INFORMATION

Renter Name:

Unit Address:

Primary Phone:

Cell Phone:

Email Address:

Rental Period from date:

Rental Period end date:

A copy of the current lease must be submitted to C&S Management with this application at least 2 weeks prior to the start of the lease.

Information must be updated at lease renewal to avoid being dropped from our gate entry system.

CO-RENTER INFORMATION		
Name:		
Primary Phone:		
Cell Phone:		
Email Address:		

TRANSPONDER (GATE CLICKERS) INFORMATION		
To ensure that the transponders will be re-programmed and working for you, please provide the numbers on the transponders received at closing or tenant lease signing		
Clicker #1		
Clicker #2		
Clicker #3		
Clicker #4		
Will you need any additional transponders?		

VEHICLE INFORMATION			
Please provide the following information for vehicles that will be parked at the unit:			
Make	Model	Tag number	Vehicle Color

RESIDENT INFORMATION			
IN ACCORDANCE WITH THE MANATEE COUNTY EMERGENCY MANAGEMENT CENTER PREPAREDNESS PLAN, THE FOLLOWING INFORMATION COLLECTED IS TO BE USED IN THE CASE OF DISASTER. PLEASE LIST ALL FULL TIME RESIDENTS OF THE UNIT.			
Resident Name:	Relationship:	Age: (If minor)	Disabilities and Special Needs? (Yes or No)

PET INFORMATION			
Type:	Breed:	Color and Weight:	Name:

REALTOR INFORMATION	
Name of Agent	Email address
Cell phone number	Office phone
Name of Company	
I have provided the new owner/tenant with the Hammocks Governing Documents and Rules and Regulations	
Signature of Agent	Date

Please return these forms to :

C&S Condominium Management Services, Inc.
 Attn: Julie Kollath
 4301 32nd Street West Suite A20
 Bradenton, FL 34205

If you have questions about the forms, please email Julie at JKollath@cscmsi.com

All information will remain confidential and will be used by the HOA for community access and security. It will be the responsibility of the owner/renter to keep their information current with the Association. Please advise us of any changes.

 Applicant Signature

 Date Submitted