



Villas of Amberwood Condominium Association, Inc.
 Owner-Tenant-Resident Information Form

Unit No: _____ Address: _____

Owner(s): _____

Owner Tel: _____ Owner Fax: _____ Owner Email: _____

Owner Emergency Contact Information

Name(s): _____ Relation to Owner: _____

Telephone: _____ Fax: _____ Email: _____

Owner Vehicle Information

(ONLY if the unit owner does not live on-property, otherwise leave blank and complete the next section):

Make: _____ Model: _____ Year: _____ Remote ID Tag: _____
 Color: _____ Tag: _____ State: _____

Unit Occupancy Information (include children - occupancy by more than 4 persons is illegal and prohibited by law):

Last Name	First Name	Telephone	Email Address

Resident Vehicle Information:

Vehicle 1 Resident Sticker issued (check box if yes):

Make: _____ Model: _____ Year: _____ Remote ID Tag: _____
 Color: _____ Tag: _____ State: _____

Vehicle 2 Resident Sticker issued (check box if yes):

Make: _____ Model: _____ Year: _____ Remote ID Tag: _____
 Color: _____ Tag: _____ State: _____

I (We) attest that I (we) have received, read and agree to comply with the 2009 Rules and Regulations as provided to me by the Board of Directors of the Villas of Amberwood Condominium Association, Inc. or its agent(s), and agree that violations of said documents will result in a fine of \$100.00 per incident per day to a maximum of \$1000.00, and I agree to be the responsible party for payment of such fine(s). I (we) also authorize the Board of Directors to contact me via email in lieu of written/printed communications.

Signature of Owner/Tenant/Resident _____ Date _____

VOA, Inc. Board of Director, Atlas Property Management or Notary Public _____ Date _____ My Commission Expires _____

Return this form to IMMEDIATELY to:

Atlas Property Management, Inc.
 Mail: 1450 NW 87th Avenue, Suite 204, Doral, FL 33172
 Fax: 305.715.2801 or Email: board@villasofamberwood.us