

**THE ISLAND HOUSE CONDOMINIUM ASSOCIATION
REQUESTED OWNER INFORMATION**

Condo Unit #: _____

Owners Name(s): _____

Owners Address: _____

Owners Contact Numbers: _____

E-Mail Address: _____

Do You Own A Pet(s): _____

If Yes, Give Description: _____

Is Your Unit a Rental, Second Home or Primary Residence? _____

If Rental, Name of Management Company: _____

Contact Person: _____

Phone Numbers: _____

Tenants Name(s): _____

Tenants Phone Numbers: _____

Number of People Living In The Unit: _____

Does Your Tenant Have a Pet(s) _____

If Yes, Give Description: _____

Name of Insurance Carrier: _____

Agents Name: _____

Phone Number: _____

**PLEASE FILL OUT THE INFORMATION LISTED ABOVE AND RETURN TO
THE MANAGEMENT COMPANY. ATTN: RENAE KIRK
THE ISLAND HOUSE CONDO ASSOC.
165 FOLLINS LANE
ST. SIMONS ISLAND, GA 31522**

