DATE:	UNIT#	CARPORT #	
	THE REDWOODS HOMEO	WNERS ASSOCIATION	
	EMERGENCY INFO	RMATION FORM	

In an effort to better serve your community, we are requesting that each homeowner provide the Association with a person to contact should we need to reach you for an association related issue or if an emergency situation occurs (i.e., fire, flood, gas leak, etc.) and we are unable to reach someone at home.

This information will be kept confidential and only used, if necessary, by the Board of Directors or the Management Company.

PLEASE PRINT LEGIBLY

OWNER'S NAME:				
Owner's Phone: Days: Evenings:				
OWNER'S		DRESS IF	RENTED OR LEASED:	
, ,,,,			leased?[]YES []NO	
If the unit	is being rented	d or leased:	Tenant's Name	
Tenant's E	mail:			
Tenant's phone: Days:			Evening:	
EMERGEN	CY CONTACT P	ERSON:		
NAME:	AME:PHONE:		PHONE:	
NAME:PHONE:		PHONE:		
PET INFO			e number of pets in each category:	
Dog(s)	Cat(s)	Bird(s)	Other (please state type of pet)	