THREE MEADOWS PHASE III HOMEOWNERS ASSOCIATION, INC.

The following information is necessary to contact you in the event of an emergency and to better serve you with meeting notices and correspondence. This information will only be used by the Board of Directors and the contracted Management Company. We appreciate your cooperation to help us update your file with the below requested information:

PLEASE PRINT CLEARLY:					
Name			Phone #		
Name			Phone #		
Property Address	_				
Mailing Address					
City		State		Zip	
Home Phone #	_	Wo	rk Phone #		
Email					
Email					
Consent to E-mail correspondence?	Yes No				
Emergency Contact Name			Phone #		
Auto 1 Make	Year	Color	Tag #	State	
Auto 2 Make	Year	Color	Tag #	State	
ENANT INFORMATION: (Copy of le	ease required per Ass	ociation Docs)			
Ferm of Lease From		<u> </u>	Adults	Children	
Name					
Name					
Email					
Email					
Emergency Contact Name			Phone #		
Auto 1 Make	Year	Color	Tag #	State	
Auto 2 Make	Year	Color	Tag #	State	
Tenant(s) received and signed for a Three Meadows Phase III H	Please complete	this form and mai			
c/o Showcase Property Management 101 S Courtenay Parkway Merritt Island, FL 32952 Fax: 321-868-1090			Association Manager at 321-328-3024 or via email at: <u>spacecoastLCAM@gmail.com</u>		