# TROPICAL BREEZE ESTATES CENSUS FORM - 2016

Current State and Federal Laws require us to update our Resident Information every two years. Please complete this form and return it to the office in order for our community to maintain its over-55 status.

Thank you, Board of Directors

**Resident Information:**

Name: (Last)_____ (First)_____ DOB:_____

Spouse: (Last)_____(First)_____DOB:_____

TBE Address: _____ Phone #:_____Cell: _____

Are all additional occupants currently registered or have doctor's letter on file?
Yes____ No____

**Out of Town Address:**

Street_____

City_____

State/Province_____

Zip/Postal Code_____

**Caretaker or Companion**

Last Name:_____ First:_____ DOB:_____

**Emergency contacts**:

Last Name:_____ First: _____ Phone:_____

Last Name:_____ First: _____Phone:_____

**Pet Information:**

Dog: Breed:_____ Weight:_____ (must be 30 pounds or under)

Cat: (No more than 2 – indoor only)
Description/Weight:_____
Description/ Weight:_____

(Rev. 2/20/15)