

## TROPICAL BREEZE ESTATES CENSUS FORM - 2018

Current State and Federal Laws require us to update our occupancy information every two years in order for our community to maintain its over-55 status. Please complete this form and return it to the office with driver licenses/photo IDs.

Thank you, Board of Directors

### Occupant Information:

1. Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_

TBE Street Address: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Out of Town Address:

Street \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Away Phone: \_\_\_\_\_

### Caretaker or Companion:

Are all additional occupants currently registered at the office? Yes  No

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_

### Emergency Contacts:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Phone: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Phone: \_\_\_\_\_

### Pet Information:

Dog: (Must be 30 pounds or under)

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Cat: (No more than 2 – indoor only)

Description: \_\_\_\_\_ Weight: \_\_\_\_\_

Description: \_\_\_\_\_ Weight: \_\_\_\_\_