

**STRATH HAVEN CONDOMINIUM ASSOCIATION
EMERGENCY NOTIFICATION/CONFIDENTIAL QUESTIONNAIRE**

All of the information below is for the use of Strath Haven Condominium Association exclusively and will be held in strict confidence. *Items must be filled out completely. Please be sure to complete **BOTH** sides of form.

<hr/> *UNIT NUMBER	() _____ *CELL PHONE NUMBER
<hr/> *NAME	() _____ *HOME TELEPHONE
<hr/> *STREET ADDRESS	() _____ *WORK TELEPHONE
<hr/> *CITY STATE ZIP CODE	_____ E-MAIL ADDRESS

1. EMERGENCY INFORMATION

*Are we authorized to enter without your presence in the home? YES NO

IN CASE OF EMERGENCY WE WILL ENTER

* Is your home alarmed? YES NO

If yes, Name & Phone Number of Alarm Company: _____

EMERGENCY CONTACTS

_____ Name	() _____ Telephone #	_____ Relationship
_____ Name	() _____ Telephone #	_____ Relationship

2. AUTOMOBILE INFORMATION

Make _____ Year _____	License No./State _____ Color _____ SHC STICKER # _____
Make _____ Year _____	License No./State _____ Color _____ SHC STICKER #: _____

3. CARPORT NUMBERS (PLEASE LIST IF YOU OWN OR RENT)

4. STORAGE SPACE(S) RENT OR OWN (PLEASE SPECIFY)

LOCKER # _____	LOCATION _____
LOCKER # _____	LOCATION _____

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5. DO YOU HAVE AN "I" (INCAPACITATED) STICKER ON YOUR DOOR?

YES () NO () WOULD YOU LIKE ONE () REMOVE ONE ()

6. OWNER/RENTAL INFORMATION

Please list below the names of all persons residing in the unit. If they are children, please designate in the appropriate space (C). Be sure to supply all telephone numbers in case of an emergency.

Name	Child (C)	Home number	Work number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your unit a rental unit? _____ Yes _____ No Is the unit furnished? _____ Yes _____ No
If yes, please provide the following information:

Name of renters: _____

Date of Lease Renewal: _____

If your unit is a rental, is there a Management Company maintaining this unit for you? _____ Yes _____ No
If yes, please provide the following information:

Name of Management Firm: _____

Telephone Number: _____

Contact Person: _____

7. KEYS

Unit Keys – Does the Management Office have a copy on file in the key safe? _____ Yes _____ No

Serial number on keys: _____

Storage Room – Does the Management Office have a copy on file in the key safe? _____ Yes _____ No

8. BICYCLE ROOM – Do you have a bicycle stored in the Princeton Bike Room? _____ Yes _____ No

*SIGNATURE OF OWNER

*DATE

Thank you for completing this confidential form and providing this vital information.

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