



Breakers West Association • 937 Dickens Place • West Palm Beach, FL 33411
 Office: 561.790.0016 • Fax: 561.790.0570 • Email: breakerswest@langmanagement.com
 Website: www.breakerswesthoa.com

RESIDENT INFORMATION FORM

In an effort to assist the association to properly identify all residents, we ask that you complete the information requested below. This form will be kept confidential. We will not disclose any information contained in this form to any person other than the following governmental agencies: Fire Department, Police and Emergency Rescue.

- PLEASE TYPE OR PRINT ALL INFORMATION AND SIGN BOTTOM OF PAGE 2*-

Date: _____ Address: _____

Sub-Association: _____ Lot No.: _____ Security Code: _____

Do You Own or Rent Unit? _____ Lease Dates: From: _____ To: _____

Residents Name(s):

Resident 1: _____ Resident 2: _____

Resident's **Breakers West** Home Telephone #: _____

Res 1 Cell Phone: _____ Res 1 Work Phone: _____

Res 2 Cell Phone: _____ Res 2 Work Phone: _____

Email address: _____ Are you a full time resident: No Yes

Type of pets/breed in home: 1. _____ 2. _____

Vehicle 1: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 1: _____

Vehicle 2: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 2: _____

Vehicle 3: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 3: _____

Vehicle 4: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 4: _____

Emergency Contact (person with key): _____ Phone: _____

Emergency Contact's Address: _____

- APPLIES TO HOMEOWNERS ONLY -

Would you like your local & mailing address(s) along with phone numbers placed in a Directory? No Yes
 If Yes, complete the "BWA Resident Directory Information Form" located at the back of the Resident Directory and BWA website.

Where would you like your Association mail sent to? Breakers West Property Address Alternate Address

Alternate Address: _____

City: _____ State: _____ Zip: _____

Alternate Phone: _____ Alternate Cell Phone: _____

This following information is for Control Access for family, guest and service contractors whom you wish to allow through the gate without your being called and whether or not you are home. Anyone not listed will be denied entry unless you are home or have given prior permission.

ALL OCCUPANTS OF RESIDENCE

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

PERMANENT GUEST LIST

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

SERVICE PERSONNEL

Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	

***Resident Signature:** _____ ***Print Name:** _____