

**BEAR ISLAND HOMEOWNERS ASSOCIATION, INC.
RESIDENT INFORMATION FORM**

Owner Tenant Name: _____

Bear Island Address: _____

Telephone #: Home _____ Work: _____

Cell _____ FAX # _____ E-mail: _____

Please check box for preferred means of communication.

Vehicle(s) (limit of 3):				
Year	Make	Model	Color	License Plate # (state)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Your out of state address and telephone # _____

Emergency Contact(s), Name(s), Address(es), Landline, Cell #(s): _____

Add Authorized Service Person(s) (Name, Address, Telephone #) _____

Add Permanent Family Member / Guest (Tel #) _____

Name, date of birth, if family member: _____

Delete Family Member / Guest : _____

Delete Service Person(s) (Name, Address, Telephone #) _____

_____ Date

_____ Signature of Resident

Place this Form in the Green Box on North side of Gate House or mail
to Bear Island Homeowners Association, Inc., c/o Mmi of the Palm Beaches,
11770 Highway One, Suite E301, Palm Beach Gardens, FL 33408

Effective Date: November 1, 2015