

Town Shores of Gulfport # 214, Inc.

The Manchester Building

INFORMATION UPDATE FORM

Manchester Building Unit #: _____

_____ New Owner Closing date _____

_____ Current Owner _____ Guest of Owner

_____ Renter Dates of Lease _____ to _____

Primary Contact Information:

Name _____

Local Mailing Address _____

Local Phone _____ Cell/Home/Work: _____

Other Phone _____ Cell/Home/Work: _____

Email: _____

I give my consent to the Manchester Board of Directors to use my email address for any contact necessary.

Parking Space # Assigned: _____

Permanent/Full-Time On-Property? (Yes/No) _____

If answer is No ☺:

Off-site Mailing Address: _____

Off-site Phone: _____ Cell/Home/Work: _____

Emergency Contact Information:

Name _____ Relationship _____

Address: _____

Phone# _____ Other Phone: _____

Email: _____

Date Received: _____

By: _____