

TOWN SHORES OF GULFPORT NO. 203 INC. A 55+ NON-PROFIT COMMUNITY
DOVER HOUSE, 3114 59 St. S. GULFPORT, FL. 33704
EMERGENCY & INTERVIEW DOCUMENT: OWNER, BUYER, TENANT, GUEST

I _____ am filing this document as a(n) _____

This document will also serve as my emergency contact information.

Date: _____ Address/unit _____ Parking Space _____

Phone _____ e-mail (optional, check below) _____

Dates of expected occupancy _____ Emergency contact name _____

Address _____ phone _____

My emergency contact may authorize entry to my unit. **YES** or **NO**

During a health/local/weather/building problem: I would like to be checked on for (circle any that apply) movement (in, out, around unit, supplies, animal care/walking, medical, Other _____ **YES** or **NO**

Additional Information: Number of adults & children, health alerts, special accommodations, pets, vehicles, other: please use back of sheet for additional information _____

Attached official picture I.D. with D.O.B. **Yes** or **No**. Attached lease or contract **YES** or **NO**.

Attached service/support animal documentation w/current license **YES** or **NO**.

***Buyer/Owner:** Name of voting member _____

* I have a copy of & reviewed: 1) Dover 203 Blue Book **YES** or **NO**, 2) House Rules/Regulations **YES** or **NO**

*I have been advised of any current: 1) assessments **YES** or **NO**, 2) litigation liability exceeding \$100,000. **YES** or **NO**

*Termite Inspection **YES** or **NO** / Wind Storm Mitigation Certificate **YES** or **NO** / Insurance Certificate **YES** or **NO**

*I would like to communicate via allowed e-mail with the Dover B.O.D., with the understanding that my e-mail address will not be shared beyond the Board without my permission. **YES** or **NO**

Signor(S) Owner/Buyer _ Tenant Guest **Buyer/Tenant Interview fee \$100. Check: Dover 203 Inc.**

Print _____ Print _____

Signature _____ Signature _____

Board Member(s) Print _____

Signature(s) _____

