

**TOWN SHORES OF GULFPORT #212
THE DIPLOMAT CONDOMINIUM ASSOCIATION**

20_____ Diplomat Building Emergency Contact Information for Residents

Resident _____ Unit _____ Parking Space _____

YOUR INFORMATION:

Name _____ Phone (_____) _____ - _____

Name _____ Phone (_____) _____ - _____

Email Address _____

If you are a New Resident: Move-In Date _____

Is this your: _____ Primary Residence _____ Secondary Residence _____ Rental

Months you will most likely be in residence _____

Vehicle Make/Model _____ / _____ State/Tag Number _____ / _____

Second Address _____ Phone (_____) _____ - _____

City _____ State _____ Zip _____

EMERGENCY CONTACTS:

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ Zip _____

Do you wish to share any pertinent information concerning your health? _____

Do you need an Evacuation Assistance Form? _____ Yes _____ No

Person **checking unit weekly** when you are away:

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ Zip _____