

Orchid Cove Owner/Tenant Information Form

This information is needed to make sure that you receive all correspondence from Progressive Community Management, Inc. and the Board of Directors on Orchid Cove Condominium Association matters. It will also be used in the case of an emergency (plumbing, electrical, fire, water, and mold).

You may **return the information** via any of the following:

Email: JLittell@PCMFLA.com

Fax: 941-923-7000 Attn: Judie

Mail: Judie Littell
Progressive Community Management
3701 South Osprey Ave
Sarasota FL 34239

Owner Name(s) _____

Property Address _____

Home Phone _____ Cell Phone _____

Email Address _____

By providing my email address, I hereby agree to receive communications electronically from the Orchid Cove Board or its Property Manager on Orchid Cove matters.

Alternate Address (if you live in another state or country part of the year):

Home Phone _____ Cell Phone _____

If the occupants at the Orchid Cove address are renters, please provide their name(s), phone number, and email address below. Please send us an updated lease if it has expired.

Tenant Name(s) _____ Unit No. _____

Tenant Phone _____ Tenant Email _____

By providing my email address, I hereby agree to receive communications electronically from the Orchid Cove Board or its Property Manager on Orchid Cove matters.

Emergency Contact Information:

Name _____ Phone No. _____

Signature _____ Date _____

Printed Name _____