Capri West Condominium Association, Inc.

Owner Information Form

c/o Argus Management of Venice, Inc. 1062 East Venice Avenue, Venice, FL 34285 Office: (941) 408-7413 ~ Fax: (941) 408-7419

www.argusvenice.com

Please complete the form below in its entirety for our records to ensure that we are able to contact you if there is an emergency and also to ensure the accuracy of our records. This information is utilized *ONLY* for association business and is *never sold or shared*.

> Please be advised Argus Management recognizes only one mailing address for all correspondence < THANK YOU!

UNIT ADDRESS:			
OWNER(S):			
LOCAL PHONE #:			
CELL PHONE #: 1		2	
ADDITIONAL PHONE #: 1		2	
MAILING ADDRESS:			
			L:
NON-OWNER EMERGENCY CONTAC	CT NAME & PHONE #: _		
USING HOME FO	OR: (PLEASE CHECK BELO	W WHICH ONE APPLIES, IF O	THER APPLIES INDICATE USAGE)
PRIMARY RESIDENCE:	RENTAL:	_ SECOND HOME:	OTHER:
			LECTRONICALLY TRANSMIT STATUTORILY I, BYLAWS OR ARTICLES OF INCORPORATION
	YES	NO _.	
CONTAINING NAME, PROPERTY ADD	RESS, AND ALL TELEPHO ING TO THE ASSOCIATIO	NE NUMBERS OF THE OW N. PLEASE INDICATE IF Y	RINT AND DISTRIBUTE AN OWNER DIRECTORY NERS UNLESS THE OWNER CHOOSES TO EXCLUDE YOU WOULD LIKE TO EXCLUDE YOUR TELEPHONE
EXCLUDE MY INFORMATION(Except name & parcel address)	INCLUDE ONLY STATE (Name, parcel address)	rute PERMITTEDs & all phone numbers)	INCLUDE ADDITIONAL INFORMATION(All statute permitted + email address)
Signature		Date	

REVISED: 10.28.2021