MARINERS PASS CONDO ASSOCIATION
OWNERS INFORMATION SHEET

Unit Owner Name(s) _____

Association Address _____

Unit Phone _____ Work Phone # _____

Fax Phone _____ Email Address _____

Cell Phone _____ Other Phone _____

Alternate Mailing Address

Address _____ City _____ State _____ Zip _____

Phone _____ Other _____

Do you live at your association address year round? _____ Seasonal _____ Used for investment only

Year Round Residents: Your mail will be sent to your association address unless otherwise stated.

Please Note: It is your responsibility to notify Star Hospitality Management, Inc. to have your mail forwarded to your current place of residence.

CHANGES ARE ACCEPTED ONLY IN WRITING OR BY EMAIL:
b.gibson@starhospitalitymanagement.com

Emergency Information

Name(s): _____

Phone: _____

Name(s): _____

Phone: _____

The above information is being requested so that we may better assist you during an emergency.

Condo Watch
Contact Name _____
Phone _____

Signature of person completing form _____ Date _____