

Property Owner Information
Osprey Point Home Owners Association

Required Emergency Contact Information – For New Owners and Changes by Existing Owners

Last Name: _____ First Name: _____
Osprey Point Address: _____
Osprey Point Phone: _____ Cell: _____
Email: _____

Northern or Alternate Address
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Fax: _____

Do you RENT your Osprey Point this property: Yes _____ No _____
If YES are rentals: Annual _____ or Seasonal _____
Name of Rental Agent: _____ Phone: _____
Name of Annual Tenant: _____ Phone: _____

Local person responsible for looking after your property in your absence:
Name _____ Phone: _____ Cell: _____
Email: _____
Emergency Contact(s) *(who should be contacted and who has keys in the event of an emergency ie: hurricanes, lightning, flooding, etc.)*
Name(s) & Phone #'s: _____
Does your property have an Alarm System: Yes _____ No _____
If Yes, what is the name and phone # of the Alarm Company: _____ Phone: _____

Vehicle One: Year: _____ Make: _____ Model: _____
Vehicle Two: Year: _____ Make: _____ Model: _____

Please return this completed form to:

Henke Property Management, Inc.
P.O. Box 07038
Fort Myers, FL 33919
Fax: 239-481-7882
Phone: 239-481-7150