

# SOUTHAMPTON POINTE POA

## **OWNER/TENANT INFORMATION FORM**

Please help us serve you more efficiently by taking a moment to provide us with your current information. This information is for the use of SOUTHAMPTON POINTE POA only and will not be sold or otherwise distributed for any other purposes. If you have questions, please contact IMC Charleston, Inc. (843) 881-7672 or [mclaurin@imcchs.com](mailto:mclaurin@imcchs.com)

DATE \_\_\_\_\_ UNIT #: \_\_\_\_\_

OWNER NAME(S) \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

MAILING ADDRESS  
(if different from above) \_\_\_\_\_

TELEPHONE #'S \_\_\_\_\_  
Please specify as home, cell, or work #.

EMAIL ADDRESS(ES) \_\_\_\_\_ ☐ Check here to receive e-statements

EMERGENCY CONTACT & PH #: \_\_\_\_\_

**It is important that we're able to communicate with any tenants and include them as part of our community. Please indicate tenant or other resident's contact information.**

TENANT NAME(S): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT & PH#: \_\_\_\_\_

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RENTAL AGENCY: \_\_\_\_\_ PH #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RENTAL AGENCY ADDRESS: \_\_\_\_\_

### **VEHICLES:**

YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_ STATE: \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_ STATE: \_\_\_\_\_

### **PETS** (please complete Pet Registration Form):

Breed: \_\_\_\_\_ Coloring: \_\_\_\_\_ Weight: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Male or Female Spayed or Neutered  
(circle one) (circle one)

**PROVIDE THE PHONE # THAT WILL BE USED TO CALL YOU FROM THE GATE**

**\*HOMEOWNERS ARE RESPONSIBLE FOR PROVIDING NEW GATE CODE & KEY FOBs TO TENANTS.**

REPLACEMENT COSTS: KEY CARD: \$25 FOB: \$40 GATE CLICKERS: \$60

(First 5 digits on devices)

GATE CODE#: \_\_\_\_\_ GRAY FOB # \_\_\_\_\_ KEY CARD # \_\_\_\_\_

GATE CLICKER# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

[Number below "TR#"]

POOL PASS # \_\_\_\_\_