

AZALEA WOODS CONDOMIUM ASSOCIATION, INC.

Emergency Needs Information Form _____

(Date filled out)

This information is given to Ameri-Tech Community Management, Inc. in strict confidence. They will never give out names or telephone number(s) to anyone other than the Clearwater Fire Department

Please mail to: Ameri-Tech Community Management, Inc.

24701 US Hwy 19 North, Suite 102

Clearwater, FL 33763

Please fill out the following information:

Unit Number: _____ Email: _____

Names(s): _____

Telephone Number: _____ Alternate Number: _____

Alternate Address: _____

IN CASE OF EMERGENCY:

Does someone in your home have an ambulatory need? Yes ___ No ___

Describe Need: _____

What months do you usually reside at Azalea Woods? All ___ or name months: _____

Emergency Contact: _____ Email: _____

Telephone Number: _____

Does someone locally have a key to your unit? Yes ___ No ___

Name: _____ Telephone Number: _____

Email: _____