

**LIONS HEAD WOODS CONDO ASSOCIATION, INC.
SECURITY INFORMATION**

Dear Lions Head Woods Unit-owner:

In order to properly protect YOU and all other Lions Head Woods unit-owners and their homes, we request that you complete the following questionnaire and return it to the office as soon as possible.

We request that you immediately notify the office in the event that any of this information should change.

Please print clearly

Date: _____

Name: _____ Telephone: _____

Unit Address: _____

Email: _____

Occupant(s) _____ Handicap
(if any) _____

Winter Address: _____ Telephone: _____

Emergency Contacts – Please name three

List Home & Business Telephone Numbers

Name: _____ Relationship: _____ Home: _____
Cell: _____
Business: _____

Name: _____ Relationship: _____ Home: _____
Cell: _____
Business: _____

Name: _____ Relationship: _____ Home: _____
Cell: _____
Business: _____

Automobiles

Make/Model: _____

Plate Number: _____

State Issued: _____

LHW car sticker #: _____

Please list _____
Any pets: _____

Proof of vaccinations _____

Copy of town license _____