



## INFORMATION REQUEST FORM

**Please complete the information below and mail to:**

Fairway Woods of Cross Creek Condominium Association, Inc.  
c/o Coastal Association Services, LLC  
PO Box 152930  
Cape Coral, FL 33915

**Or Email:** [info@coastalassociation.biz](mailto:info@coastalassociation.biz)

**Or Fax:** 1-844-273-1058

**Complete Name & Address for your home at Fairway Woods:**

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**Official Mailing Address you want Association correspondence and notifications to be sent:**  
Please choose how you would like to receive official correspondence from the Association by checking the appropriate box below. The box marked will be the way the Association corresponds with you in the future. Please note, selection of the Email option will save the Association money in postage, paper and allow you to receive notification in a quicker manor. **Regardless of the selection, please fill out both the Email Address and USPS Mailing address.**

Email Address: \_\_\_\_\_

Or

USPS Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone numbers where you can be reached:**

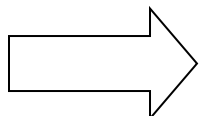
Please note, we now provide mass text messaging capabilities for your community. Please provide the best phone number/s to contact you in case of an emergency and / or if you wish to receive communication via text message (This will be used for official correspondence only).

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Office: \_\_\_\_\_

PO Box 152930 // Cape Coral, Florida 33915 // T: 239-689-3080 // F: 1-844-273-1058

[www.coastalassociation.biz](http://www.coastalassociation.biz)



**Please complete the following questions regarding your home at Fairway Woods.**

**My Home is: (Please check one)**

Primary Residence

Secondary Residence

An Investment Home

If an Investment Home & Leased: (Please check all that apply)

Annually (Starting date: \_\_\_\_\_ Ending Date: \_\_\_\_\_)

Seasonally (Starting date: \_\_\_\_\_ Ending Date: \_\_\_\_\_)

**Tenant Information:**

Names: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**List All Vehicles of Residents for your Home:**

1.) Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag: \_\_\_\_\_ Color: \_\_\_\_\_

2.) Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag: \_\_\_\_\_ Color: \_\_\_\_\_

**Pet Information**

Breed and Weight of Pet(s) dwelling in your Home:

\_\_\_\_\_  
\_\_\_\_\_

**Incapacitated Residence:**

In the event of an emergency (Fire, Hurricane, Flood, etc.), it is important and required by the Fire Department, Police, and Emergency Response Agencies that the Association maintain a list of residents that may require special assistance. Should someone in your unit require special assistance, please list their information on the lines below:

Name	Sex	Nature of Disability
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\_\_\_\_\_  
\_\_\_\_\_

