

# Ocean Dunes Homeowner Information Form

Unit # \_\_\_\_\_

Name: \_\_\_\_\_

Name (co-owner): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Unit Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**Please check one.** Property is/will be used as:

\_\_\_\_\_ Primary Residence (owner lives in unit on a full-time basis)

\_\_\_\_\_ Second/Vacation Home (unit available for owner's use at least 14 days per year)

\_\_\_\_\_ Investment Property (owner uses unit solely for rental income)

Rental Agency (if applicable): \_\_\_\_\_

**New Owners:** Fill in all fields that apply. **Current Owners:** Fill in Unit # and Name and just the fields that require changes.

**Email to:** [oceandunes@bellsouth.net](mailto:oceandunes@bellsouth.net)

**FAX to:** 910-458-5454

**Mail to:** Ocean Dunes

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