



# OWNER PROFILE

Welcome to Seasons! Thank you for taking the time to complete the Owner Profile. Once completed, please email your profile to [ownerservices@seasonsatsandpoint.com](mailto:ownerservices@seasonsatsandpoint.com) or fax it to 208-255-2196.

Date: \_\_\_\_\_ Residence Number: \_\_\_\_\_

Primary Use of your Seasons at Sandpoint Residence:

☐ Primary Residence ☐ Vacation Home ☐ Other (please explain) \_\_\_\_\_

**CHECK HERE IF YOU GIVE YOUR CONSENT FOR YOUR INFORMATION (IE- PHONE NUMBER, EMAIL , ADDRESS ETC) TO BE INCLUDED ON THE OWNERS LIST THAT IS DISTRIBUTED TO SEASON'S OWNERS ONLY.** ☐

OWNER PRIME CONTACT INFORMATION	
Name:	
Official Mailing Address: City, State, Zip Code	
Alternate Address: City, State, Zip Code	
Email(s):	
Daytime Phone:	
Mobile Phone:	
Date of Birth:	

FAMILY INFORMATION			
Spouse or Significant Other Name:		M/F:	Date of Birth:
Child Name:		M/F:	Date of Birth:
Child Name:		M/F:	Date of Birth:
Child Name:		M/F:	Date of Birth:
Child Name:		M/F:	Date of Birth:

**\*\*PLEASE TURN OVER FOR ADDITIONAL INFORMATION\*\***

OWNER-EMERGENCY CONTACT INFORMATION			
Name:		Phone:	
Relationship:		Alternate Phone:	
Name:		Phone:	
Relationship:		Alternate Phone:	
Name of Doctor:		Phone:	

CARS THAT YOU APPROVE TO BE PARKED IN YOUR PARKING SPACE			
Your Parking Spot #(s)			
Make/Model		Year/Plate #	
Make/Model		Year/Plate #	
Make/Model		Year/Plate #	

Please use the space below to provide any additional information you'd like to share.