



# Sardis Cove Homes Association

## CENSUS FORM

\*\*Required Information

**Resident(s) Name(s)		**Owner(s) Name(s) (if different)	
**Townhouse Address		**Address of Owner (if different) (Street, City, State, ZIP)	
**Daytime Phone	**Evening Phone	**Phone of Owner (if different)	
** Email address of resident @		**Email Address of Owner (if different) @	
Rental Unit <input type="checkbox"/> Yes <input type="checkbox"/> No	**Insurance Company (attach certificate)	**Policy Number	
**Termite Company		**Date of Last Inspection (attach certificate)	
**Medical emergency Contact Name		**Phone Number	
**Nonmedical Emergency Contact Name		**Phone Number	
**Name(s) and phone numbers of non-residents who have your key(s):			
(1)			
(2)			
(3)			
If tenant in rental unit, are you related to owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year you moved into community	Number of vehicles at your unit	
Interested in Neighborhood Watch?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interested in serving on board of directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interested in community termite coverage plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other comments or suggestions:			
Return completed form and attachments to:			
Sardis Cove Homes Association c/o Jan White 975 Sardis Cove Drive Charlotte, NC 28270			

*All the information collected on this form will be kept confidential and used only by the Sardis Cove Homes Association, Inc., Board of Directors and any agents employed by the Board of Directors for the purpose of fulfilling its obligations and serving the community as outlined in the community Bylaws, Handbook, or Covenants, Conditions, and Restrictions and amendments thereto.*