

Mountain Shadows Association, Inc.

21 Lavista Lane

Cleveland, GA 30528

EMERGENCY CONTACT LIST

It is imperative that the association have all updated contact information in case of emergencies. Please complete the following form & return it to the above address as soon as possible.

OWNER _____

Section _____ Lot No _____

911 Address of Lot _____

Mailing Address _____

City _____ State _____ Zip _____

Owner(s) on Deed (if more than 4 add to back of form)

_____	Home Phone _____	Cell _____
_____	Home Phone _____	Cell _____
_____	Home Phone _____	Cell _____
_____	Home Phone _____	Cell _____

Short Term Rental

This property is used for short term rental and will be licensed. _____ yes _____ no

EMERGENCY CONTACT INFORMATION: [Person(s) other than yourselves.]

Name _____

Phone # _____ 2nd Phone # _____

NOTE: On the back of this form please draw a diagram and give a description of where the **water shut off valve** is located on your lot. The name of a resident familiar with the location of the valve will also be helpful.

NOTE: Provide your primary **email address** (one address) which will be used for Mountain Shadows alerts or notifications.

Email address _____

Owner Signature _____ Date _____

Please keep information current by advising when any of the above changes.