

CANDLEWOOD SHORES TAX & WATER DISTRICT
PROFILE SHEET

Property Address: _____

Billing Address: _____

OWNER 1:

Full Name: _____

Email Address: _____

Phone Numbers (H): _____ (W): _____ (C): _____

OWNER 2:

Full Name: _____

Email Address: _____

Phone Numbers (H): _____ (W): _____ (C): _____

IF YOUR HOME IS RENTED, PLEASE PROVIDE THE FOLLOWING INFORMATION

Full Name (Lessee #1): _____

Phone Numbers (H): _____ (W): _____ (C): _____

Full Name (Lessee #2): _____

Phone Numbers (H): _____ (W): _____ (C): _____

PLEASE INCLUDE ALL INFORMATION NOTED BELOW FOR ALL VEHICLES, ATVS, and GOLF CARTS

Auto 1: Year: _____ Make: _____ Model: _____ Color: _____ Plate #: _____

Auto 2: Year: _____ Make: _____ Model: _____ Color: _____ Plate #: _____

Auto 3: Year: _____ Make: _____ Model: _____ Color: _____ Plate #: _____

Auto 4: Year: _____ Make: _____ Model: _____ Color: _____ Plate #: _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Name: _____ Relationship: _____

Phone Numbers (day): _____ (evening): _____

Thank you for your cooperation in completing this form in full. Please bring to the office or e-mail to:
Office.Manager@candlewoodshores.com