

**CARMELA COMMUNITY ASSOCIATION
PERSONAL INFORMATION FORM**

Dear Homeowner:

We are requesting that each Owner fill out this personal information form. The purpose of the form is to assist Owner's should an emergency arise.

Please fill out and return this form at your earliest convenience to:

**CARMELA COMMUNITY ASSOCIATION
C/O Desert Management
P.O. BOX 799/42-427 Rancho Mirage Lane
Rancho Mirage, CA 92270
or email to aroquet@desertmanagement.com**

Should you have any questions or comments, please feel free to contact me at 760-862-1202.

Thank you,

Ashley Roquet

ACCOUNT # _____

HOMEOWNERS NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PROPERTY ADDRESS/LOT #: _____

LOCAL PHONE #: _____ BUSINESS PHONE #: _____

OUT OF TOWN or Cell PHONE #: _____

EMAIL ADDRESS: _____

TENANTS NAME: _____

TENANTS PHONE NUMBER: _____

WHO TO CALL IN THE EVENT OF AN EMERGENCY:

NAME _____ PHONE # _____

NAME _____ PHONE # _____