

Lake Heather Heights Condominium Association, Inc.
2013 SURVEY

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

E-mail: _____

Are you a full time resident? _____

If not, please indicate your alternate mailing address and telephone number:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Please note: If you are a part time resident, it is your responsibility to notify this office of the change in your mailing address. You can call or drop a note when you leave and when you return so that your mailing address will be changed in the system.

Who may we contact in the event of an emergency? _____

PLEASE NOTE: This information is used in the event of an emergency and is not for public use.

Comments, questions and suggestions are welcome: _____

**Please return to: Management and Associates
720 Brooker Creek Blvd., # 206
Oldsmar, Florida 34677**