

**BHC OWNER'S / LESSEE'S  
EMERGENCY CONTACT FORM**

Name(s): \_\_\_\_\_ Date \_\_\_\_\_

Apartment Number \_\_\_\_\_ Naples Telephone # \_\_\_\_\_

Out-of-Town Address \_\_\_\_\_ City, State \_\_\_\_\_

Zip \_\_\_\_\_ Out-of-Town telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

In the event of an accident, illness or other emergency involving a resident of BHC, it may become necessary to contact a relative or another designated person. Owners, lessees and guests are required to furnish the following information at the time of the Membership Committee Interview.

**PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY. Please list in order of preferred contact.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

**PERSON(S) WITH PERMISSION TO ENTER OWNERS/LESSEES' UNIT IN CASE OF EMERGENCY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

## BHC OWNER PERMISSION TO RECEIVE EMAIL

### Communication with Beacon House Owners

Any communication related to Beacon House business shall include delivery by electronic transmission in a manner authorized by law.

I/we agree to the use of my/our personal email address until revoked in writing and will advise you of any changes.

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

We do not agree to the use of our email address \_\_\_\_\_

Unit Number: \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION FOR PARTY OTHER THAN LEGAL OWNER TO  
COMMUNICATE AND MAKE DECISIONS REGARDING A UNIT AT B.H.C., INC.**

I/We, \_\_\_\_\_, being the legal  
owner/owners, Trustee or Designated Primary Occupant of Unit \_\_\_\_\_ Beacon  
House Condominium, ("B.H.C., Inc.") do hereby authorize  
\_\_\_\_\_ ("Designated Party"),  
to enter Unit \_\_\_\_\_ in my absence, to make decisions regarding  
said unit and to communicate with B.H.C., Inc. Board of Directors or employees of  
B.H.C., Inc. on my behalf.

Contact information for designated party:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/Cell \_\_\_\_\_

Email \_\_\_\_\_

Signature of Legal Owner \_\_\_\_\_

Date: \_\_\_\_\_

## NEW GUEST SUITE LOBBY DIRECTORY

Early February a new up to date directory unit will be installed in both buildings in order to provide more flexibility to guest entry and security.

This new system allows you to open the lobby door from either your land line phone and/or your cell phone compared to the current system, which is restricted to a 239 area code,

Also, you will have your own PIN for ease of entry on the Directory's keypad. You can multiple PIN numbers for family members or others, etc.

In addition, each contractor will be assigned a temporary PIN during the time they require entry. Once they have completed the job at hand their PIN will be deleted.

Could you please complete the following information, which will be posted on the BH office computer directory system.

UNIT # \_\_\_\_\_

PHONE # \_\_\_\_\_ and/or \_\_\_\_\_

Keypad PIN # \_\_\_\_\_ ( numbers 1-10)

Keypad PIN # \_\_\_\_\_ ( numbers 1-10)

Keypad PIN # \_\_\_\_\_ ( numbers 1-10)

Signed by \_\_\_\_\_ dated (YYYY/MM/DD) \_\_\_\_\_

Please note this system will track PIN entry activity for security purposes.

Please used the envelope containing this request. Please seal it and drop it in the West Office door mail slot.

**This form must be completed by January 31**