

2021 INFORMATION REQUEST for BHC Inc RECORDS  
Please complete this form and return by May 31, 2021

by email: [officemanagerbeaconhouse@gmail.com](mailto:officemanagerbeaconhouse@gmail.com)  
or mail to: **Beacon House Club, 2170 Gulf Shore Blvd N. Naples, FL 34102**

**Section I – for Publication**

Mailing address for notices, correspondences, etc. Please list exactly as you would like it to appear on our Owners' Address List. If multiple family members own and you would like all names published, please make copies of this form and complete for each family. Section I is the information that appears on the owner list *for publication*. If you **do not** want any of this information published, do not fill in that line. **By completing Section I, you are giving permission to publish this information on the list that goes to all Beacon House owners.**

Name(s) \_\_\_\_\_ Unit # \_\_\_\_\_

Beacon House Phone # \_\_\_\_\_ Northern Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_ (indicate to whom belongs)

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_ (indicate to whom belongs)

Northern Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you allow the information above to be listed on a Roster made available to BHC owners? Yes \_\_\_ No \_\_\_

Do you authorize BHC to communicate with you via email? Yes \_\_\_ No \_\_\_

**Section II – for Office Use only**

If you provided all the information in Section I, you do not need to complete Section II unless you left some areas blank that you did not want published.

Name(s) \_\_\_\_\_ BHC Phone Number \_\_\_\_\_

Northern Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ (indicate who cell number belongs to)

Cell Phone Number \_\_\_\_\_ (indicate who cell number belongs to)

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Northern Address \_\_\_\_\_

**Section III – for Office Use only**

Per 17.1.3 of Beacon Condominium Declarations, a unit owned by a partnership, trustee, or corporation or other entity as a unit owner shall be conditioned upon designation by the owner of one natural person to be the “primary occupant.” If your unit is owned by any of the above entities, please designate a “primary occupant”.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section IV – for Office Use only**

In case of a personal emergency during Beacon House residency, who should be contacted? Please list names, addresses and phone numbers below and be sure to show their relationship to you. If you need more space, please attach another piece of paper.

Name	Relationship	Address	City, State, Zip	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section V - for Maintenance Supervisor only**

Kevin makes regular checks on your unit in your absence. BHC needs to know if anyone else has been given permission to enter your unit, use your vehicle or park in your parking spot in your absence.

- 1) Do you have a housekeeper/cleaning person for your Beacon House unit?  
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Do they have a key? \_\_\_\_\_
- 2) Are there ANY contractors who have a key to your Beacon House unit? Yes \_\_\_ No \_\_\_  
If yes, who? \_\_\_\_\_
- 3) Has anyone been authorized by you to check your unit in your absence? Yes \_\_\_ No \_\_\_  
If yes, who and how often? \_\_\_\_\_
- 4) Has anyone been authorized by you to use your car in your absence? Yes \_\_\_ No \_\_\_  
If yes, who? \_\_\_\_\_
- 5) Have you authorized anyone to use your deeded parking spot in your absence? Yes \_\_\_ No \_\_\_  
If yes, owner/make of car & license plate \_\_\_\_\_

**THANK YOU!**

