

## Pertinent Information of OSV Homeowners

**Please complete the following information and return to the office so that our records will be up-to-date:**

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

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

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone (if applicable): \_\_\_\_\_

OSV Home Address: \_\_\_\_\_

OSV Telephone: \_\_\_\_\_

E-Mail Address (if applicable): \_\_\_\_\_  
(Please Print)

**If more than one owner, complete the following:**

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

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

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone (if applicable): \_\_\_\_\_

E-Mail Address (if applicable): \_\_\_\_\_  
(Please Print)

**Lawn Mowing:**

**CHECK ONE:**

**I DO  / I DO NOT  WANT MY LAWN MOWED WHEN THE MOWERS ARE WORKING ON OCEANSIDE VILLAGE.**

PHYSICAL LOCATION ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_