

**TRAILER ESTATES PARK AND RECREATION DISTRICT
OWNER INFORMATION FORM**

PP 44

PROPERTY ADDRESS: _____

OWNER NAME: _____

T.E. BOX NUMBER: _____ **PHONE NUMBER:** _____

TAX ADDRESS: _____

(WHERE TAX BILL IS MAILED)

OFF SEASON ADDRESS: _____

(IF DIFFERENT THEN TAX ADDRESS)

PHONE NUMBER: _____

EMERGENCY CONTACT FILE:

NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____

RELATIONSHIP: _____

WHO TAKES CARE OF LAWN:

NAME: _____ **PHONE NUMBER:** _____

WHO HAS KEY TO YOUR HOME:

NAME _____ **PHONE NUMBER** _____

(For emergency only)

FOR OFFICE USE ONLY:

KEY NUMBER: _____