

INTRACOASTAL TOWER CONDOMINIUM ASSOCIATION, INC.

ABSENCE FROM RESIDENCE FORM

OWNER'S NAME: _____ UNIT # _____

OWN'ER'S EMERGENCY PHONE NUMBER: _____

OWNER'S EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON/COMPANY FOR YOUR UNIT:

Name: _____

Phone number: _____

Email Address: _____

How often will they check your unit (minimum once /month) _____

Please give your contact person a copy of the ABSENCE FROM MAILING MEMO so they know what they are expected to do.

DATE: _____

OWNER'S SIGNATURE: _____

Please email your completed form to: Margarita@IPMFlorida.com