



Owner Questionnaire

Unit Number: _____ Date : _____

Deeded Name(s) of Owner(s): _____ / _____

If Owned by an entity please provide the _____
names of legal owners with _____
copy of legal document with names _____

Owner's Mailing Address: _____

Email Address: _____

Telephone Numbers: _____ / _____

Car Model: _____ License Plate #: _____ Color: _____

Car Model: _____ License Plate #: _____ Color: _____

Do you have a pet? _____ If yes, what type of pet do you have? _____

Primary purpose of property: *(please check only one)*

- Primary Residence Second Home Investment

If applicable, what Real Estate Company or person (other than the owner) is responsible for renting/managing the unit:

Name: _____

Real Estate Company: _____

Address: _____

Phone #: _____ FAX # _____

Emergency #: _____

Storage Locker Number *(if applicable)*: _____

The office must at all times have a copy of your deed on file and any updates to your deed. If you rent please ensure your current business license, fire inspection certificate and insurance is up to date and registered with the office.

Please Complete & Remit to :

Coakley Bay Association
5000 Estate Coakley Bay
Christiansted, VI 00820-4598

-or- email : officemanager@coakleybay.org