



Landings Management Association

NEW OWNER REGISTRATION FORM

Thank you for taking the time to fill in this form. When completed please return it to your Realtor® or Association Property Manager. We welcome you to The Landings.

Closing Date

Landings Address

Mailing Address (if different)

CONTACT INFORMATION OF LANDINGS OWNERS

Owner Name

This information will be used for communication about Landings Management Association matters. The Landings also maintains a directory of its residents on its website which is visible only to individuals who have been granted a Landings username and password. The listings ordinarily include residents' address, phone number(s), and email address(es). If you do not authorize us to include your phone or email, your name and street address will be included in the directory as these are public records. Check the appropriate box(s) below to specify the information contained in the directory.

| | | | | | |
|---------------|-----------|------------------------------------|--|--|---|
| First Name | Last Name | Minor? <input type="checkbox"/> | Primary Phone Mobile <input type="checkbox"/> | Other Phone Mobile <input type="checkbox"/> | Include in Directory? <input type="checkbox"/> |
| Email Address | | | | | Include in Directory <input type="checkbox"/> |
| First Name | Last Name | Minor? <input type="checkbox"/> | Primary Phone Mobile <input type="checkbox"/> | Other Phone Mobile <input type="checkbox"/> | Include in Directory? <input type="checkbox"/> |
| Email Address | | | | | Include in Directory <input type="checkbox"/> |
| First Name | Last Name | Minor? <input type="checkbox"/> | Primary Phone Mobile <input type="checkbox"/> | Other Phone Mobile <input type="checkbox"/> | Include in Directory? <input type="checkbox"/> |
| Email Address | | | | | Include in Directory <input type="checkbox"/> |
| First Name | Last Name | Minor? <input type="checkbox"/> | Primary Phone Mobile <input type="checkbox"/> | Other Phone Mobile <input type="checkbox"/> | Include in Directory? <input type="checkbox"/> |

EMERGENCY INFORMATION

Please provide information so that Landings Security and local emergency responders may better assist you in the event of an emergency.

Cell Phone #s To Receive Landings Emergency Texts

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|--|--|
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|--|--|

Email Addresses to Receive Landings Emergency Emails

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|--|--|
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Emergency Contacts: *(outside The Landings)*

| Name | Relationship | Cell # | Email Address |
|------|--------------|--------|---------------|
| | | | |
| | | | |

NOTE: RESIDENTS WITH SPECIAL CIRCUMSTANCES (E.G. PHYSICAL LIMITATIONS)
SHOULD REGISTER WITH SARASOTA COUNTY AT 941-861-5000.

GATE ENTRY STICKERS

Please provide information about any vehicles, including golf carts, that you own that will require a gate entry sticker to enter and exit The Landings via the Resident Lanes.

| Make | Model | Color | Year | Tag # | State |
|------|-------|-------|------|-------|-------|
| | | | | | |
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| | | | | | |
| | | | | | |

**Resident
Signature**

| | |
|--|-------------|
| | Date |
|--|-------------|

