

**TRAILER ESTATES PARK AND RECREATION DISTRICT
ANNUAL OWNER INFORMATION FORM PP 27**

TO BE COMPLETED ANNUALLY

Property Address: _____

Owner Name(s): _____

LLC Name (if applicable): _____

T.E. PO Box: _____ Email: _____

Phone Number(s): Home: _____

Cell: _____

24 hours/7 days a week: _____

Tax Address (WHERE TAX BILL IS MAILED): _____

Off Season Address: _____

Phone Number(s) if different from above,: Home: _____

Cell: _____

24 hours/7 days a week: _____

EMERGENCY CONTACT FILE:

Name: _____ Phone Number: _____

Relationship: _____

WHO TAKES CARE OF LAWN:

Name: _____ Phone Number: _____

OCCUPANCY: (check all that apply)

Owner Occupied: Seasonal All year

Renter Occupied: Seasonal All year