

EMERGENCY CONTACT INFORMATION

Member #		
Name(s)		
Wyndemere Address		
Phone #	My Cell #	
Spouse/Companion Name		
Cell #		
Please list at least 2 contac One should be LOCAL cont	ct names and numbers. List someone other than your	r spouse.
Name	Relationship	
City & State		
Phone #	Cell #	
Authorized to have a key t	o the home/unit (check one) Yes I	No
Name	Relationship	
City & State		
Phone #	Cell #	
Authorized to have a key t	o the unit/home (check one) Yes I	No
, , ,	authorize Wyndemere Privacy Staff to make contact e event of an emergency.	with any of the

Please return this form to Patty Scherry at the Homeowners Office in person, by fax (239) 263-1543, e-mail <u>adminspecialist@wyndemerehomeowners.com</u> or mail to 98 Wyndemere Way, Naples, FL 34105.