

**TOXAWAY VIEWS HOMEOWNERS ASSOCIATION, INC.**

**WINTERIZATION FORM 2015/2016**

NAME(S): \_\_\_\_\_ Unit# \_\_\_\_\_

Co-owner: \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone Numbers: Please indicate which number is primary, secondary, etc.

Winter home phone: \_\_\_\_\_

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Winter address: \_\_\_\_\_

Contact person(s) and Phone Number (in case we cannot reach you at your number):

\_\_\_\_\_

Name of Plumber who will winterize Condo: \_\_\_\_\_ Date: \_\_\_\_\_

Do you plan to use your unit after November 1<sup>st</sup>? \_\_\_\_\_

”Home Watch Service” provider through the winter months:\*

Name and phone number: \_\_\_\_\_

How often is your unit checked? \_\_\_\_\_

***\*Required if unit is not winterized – optional for units that are winterized.***

Name/Office & Phone Number of someone locally who has key to your unit:

\_\_\_\_\_

Please send the completed form back to Pro Management no later than November 1st, 2015 either via email to [office@promanagementnc.com](mailto:office@promanagementnc.com) or by fax to 828-743-3970. Thank You