

DATE: \_\_\_\_\_

**2006 - 2007 SECURITY INFORMATION  
WOODHAVEN COUNTRY CLUB HOMEOWNERS ASSOCIATION**

NAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

**OWNERS ONLY**

WOODHAVEN ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

WOODHAVEN PH# \_\_\_\_\_ AWAY HOME PH# \_\_\_\_\_

LOCAL WORK PH# \_\_\_\_\_ AWAY WORK PH# \_\_\_\_\_

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**VEHICLE INFORMATION**

**VEHICLE #1**

**VEHICLE #2**

MAKE: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ YEAR \_\_\_\_\_

LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE#: \_\_\_\_\_ STATE \_\_\_\_\_

EXISTING DECAL#: \_\_\_\_\_

EXISTING DECAL#: \_\_\_\_\_

**REMINDER\_REMOVE ALL DECALS FROM YOUR VEHICLE WHEN IT IS SOLD AND  
ADVISE MANAGEMENT OF DECAL # TO BE VOIDED**

**\*\*\*ONLY 2 DECALS ALLOWED PER HOME\*\*\***

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**Please list all persons who regularly visit you including all domestic and trades people but DO NOT  
have a decal issued and whom you wish to have access without prior notification to Security:**

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Do you have an alarm system? ( ) YES ( ) NO

If yes, Name of Monitoring Company \_\_\_\_\_ Ph# \_\_\_\_\_

SIGNATURE OF HOMEOWNER: \_\_\_\_\_

**\*\*NOTE\*\*DECAL MUST BE PLACED ON VEHICLE'S WINDSHIELD**

**WOODHAVEN COUNTRY CLUB HOMEOWNERS ASSOCIATION**

OWNER(S) NAMES \_\_\_\_\_

WOODHAVEN ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCAL PHONE # \_\_\_\_\_ LOCAL WORK # \_\_\_\_\_

AWAY PHONE # \_\_\_\_\_ AWAY WORK PHONE # \_\_\_\_\_

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**BESIDES YOURSELF, NAME THE PERSONS WHO RESIDE IN OUR HOME AT WOODHAVEN COUNTRY CLUB:**

\_\_\_\_\_  
\_\_\_\_\_

DO YOU LEASE YOUR UNIT? YES \_\_\_\_\_ NO \_\_\_\_\_

TERM OF LEASE \_\_\_\_\_

TENANT'S NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ WORK# \_\_\_\_\_

\*\*\*\*\*

**BESIDES YOURSELF WHO TO CALL IN THE EVENT OF AN EMERGENCY  
(FIRE, FLOOD, MAINTENANCE PROBLEM)**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**LIST NAME AND PHONE NUMBER OF PERSON(S) WHO HAVE A KEY TO YOUR HOME IN CASE OF AN EMERGENCY:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_