



Resident/Tenant Directory and Emergency Contact Information

Name: _____ Email: _____

Address: _____

Please circle the one which applies to you: Tenant / Owner

If Tenant, please furnish the name of your owner/landlord: _____

Telephone Number for Publication in Directory: _____

Do you authorize your email address to be published in the Resident Directory: _____ Yes _____ No

Vehicle Make and Model: _____ License Plate #: _____

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Emergency Contact Information

Please provide the name of the individual you wish to be contacted in the event of an emergency.

Name: _____ Relationship: _____

Telephone: _____

Cell/Mobile: _____

Work Telephone: _____

Does another resident within Lions Head have a key to your home? _____ Yes _____ No

If so, please provide the name of that individual. This information is only necessary if you cannot get to the door and the fire department must respond to assist you. If there is not a key available for the emergency response team, they will have to break through your door to provide medical care.

Name of Individual: _____

Telephone Number: _____

Deliver this completed form to:

Scan and email to: secretary@lionsheadcondos.org

Mail to: KMC, Attn: Mary Lou Carey, 5702 Kirkpatrick Way,
Indianapolis, IN 46250