

**LAKE IROQUOIS ASSOCIATION (LIA)  
Homeowners Contact and Emergency Form**

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

911 Street Address: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Residents Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Secondary E-Mail: \_\_\_\_\_

Please list all occupants of the residence below:

Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M / F Year of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

House Color: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Basement: \_\_\_\_\_

**Information in this form will only be utilized by LIA and will not be shared with others unless needed by emergency personnel, first responders, or utilities during a disaster or as legally required in response to legal subpoenas or inquiries. E-mail addresses will be utilized for LIA correspondence in lieu of U. S. Mail and for official notifications and emergency information from LIA (ie. boil orders, public health notices, restrictions, etc.).**