

# Concept In Time IOA ---- Database Form

**RETURN THIS FORM TO:**

**VILLA MYKONOS  
67-590 JONES ROAD  
CATHEDRAL CITY, CA 92234-6401  
manager@villamykonos.com  
760-321-0164**

or **Email** it to:

or **Fax** it to:

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Interval Number: \_\_\_\_\_  
First Owner's Name: \_\_\_\_\_  
Second Owner's Name: \_\_\_\_\_

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**First Owner's Info:**

Title (Mr., Ms., Mrs., Dr., etc.): \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Home Fax #: \_\_\_\_\_

**Check only *one* box  
below for your  
Mailing Address!**

MAILING ADDRESS?

**Work Info:**

Work Title (position): \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Office Tel #: \_\_\_\_\_ Ext. #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

MAILING ADDRESS?

**Other Info:**

1<sup>st</sup> Owner: Name of significant other: \_\_\_\_\_

1<sup>st</sup> Owner: Cell Phone #: \_\_\_\_\_

1<sup>st</sup> Owner: E-mail Address: \_\_\_\_\_

1<sup>st</sup> Owner: Date of Birth: \_\_\_\_\_