

IMPERATIVE THIS BE RETURNED COMPLETED
For the year 2022

Pertinent Information of OSV Homeowners & Next of Kin

Please complete the following information and return to the office so that our records will be up-to-date: **Please Print**

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Telephone / Cell Phone # _____

OSV Home Address: _____

OSV Mailbox #: _____

E-Mail Address (if applicable): _____

If more than one e-mail: _____

If more than one owner, attach another sheet with their information:

NEXT OF KIN

HOMEOWNER (S) NAME: _____

List at least two next of kin not living with you: **PLEASE PRINT**

Name & Relationship:	Address	Phone#	E-mail Address:
_____	_____	_____	_____
_____	_____	_____	_____

Name & Relationship:	Address	Phone#	E-mail Address:
_____	_____	_____	_____
_____	_____	_____	_____

Due to the need to keep our records up to date, it is very important that we have this information in the event of an emergency.

IMMEDIATE FAMILY PASSES 2022

Immediate family members only. SPOUSE, PARENTS, CHILDREN & THEIR SPOUSE

Fee per pass - \$1.00

Please submit your list for Family passes and frequent visitors passes to be reviewed by management BEFORE issuing.

Homeowner's Name: _____

Village House Address: _____

Name	Relation to H/O	State/License Plate #	Year/Make/Model	Pass Number

FREQUENT VISITOR PASSES

Fee per pass - \$1.00

Persons that will be visiting often. This pass allows access to the residents address only.

Name	Relation to H/O	State/License Plate #	Year/Make/Model	Pass Number

If you require more lines please attach another sheet and make the line accordingly

For year 2022

GOLF CART PASSES

All carts must be covered by insurance and have an OSV Golf Cart Pass on the front.

Copy of Insurance, listing cart, property damage and liability coverage, must be attached.

All Golf Cart ignition switches must be personalized.

Homeowner's Name: _____

Village House Address: _____

Insurance Company: _____

Policy Number: _____

Effective Dates: _____

Cart Serial Number: _____ **Color:** _____

Year/Make of Cart: _____ **Pass Number** _____

Cart Serial Number: _____ **Color:** _____

Year/Make of Cart: _____ **Pass Number** _____

Cart Serial Number: _____ **Color:** _____

Year/Make of Cart: _____ **Pass Number** _____

Cart Serial Number: _____ **Color:** _____

Year/Make of Cart: _____ **Pass Number** _____

GRASS MOWING IN OCEANSIDE VILLAGE for 2022

CHECK ONE:

I DO WANT MY GRASS MOWED IN OCEANSIDE VILLAGE

I DO NOT WANT MY LAWN MOWED IN OCEANSIDE VILLAGE.

PHYSICAL LOCATION IN OCEANSIDE VILLAGE

OSV ADDRESS; _____

NAME: _____

Homeowners on the “NO MOW” list or the “MOW” list will be able to change their preference ONE time only during the mowing season.

If you are on the “No Mow” list and prefer to have your grass mowed, once you change over that is where you stay until the next season.

If you are having your lawn mowed and want to be put on the “No Mow” list, once you change over, that is where you will stay until next mowing season.

It is also highly recommended that there be a border around your home in order to prevent damage to underpinning from weed eating.



OSV Directory

2022 Permission Form

Must be filled out each year

If you would like to be included in the next issue of the OSV Directory, we need you to sign this form and return it to the OSV office by **August 31, 2022**. Please be sure to include your name, OSV address and phone number.

We would be listing your name, OSV house address, local phone number, OSV mailbox address, cell phone and e-mail address. This directory will be available to all homeowners.

You have my permission to include the below information in the in-house directory.

For example: **Joe S Smith**
 725 Pelican
 650-0000

Signature of Homeowner

Print Name

OSV House Address

OSV Mailbox Address

E-mail Address (Please Print)

Home Phone Number

Cell Phone Number

PAMPAS GRASS CUTTING
For Year 2022

Please fill out this form if you wish to have your pampas grass cut or removed and return to the Oceanside Village office no later than **January 31, 2021**. **The cost for cutting is \$15.00 each. The cost to have pampas grass removed is \$45.00 each.**

Homeowner's Name: _____

OSV Address: _____

Number of Pampas Grass to be **cut**: _____

Location of Pampas Grass to be **cut**: _____

Number of Pampas Grass to be **removed**: _____

Location of Pampas Grass to be **removed**: _____

Signature



Oceanside Village

1711 Hwy 17 South #567 • Surfside Beach, SC 29575
(843) 650-4440-office / (843) 650-1865-fax
Email: oceanside843@gmail.com

Authorization for Automatic Payment

I authorize Oceanside Village, LLC, Oceanside Village and the Financial Institution named on the voided check to automatically withdraw the monthly lease and amenities payments between the 5th and 9th of each month from my checking/savings account. This authority will remain in effect until I notify Oceanside Village and my financial institution in writing by the first (1st) of the month before my account is scheduled to be charged. I understand that a service charge per transaction for insufficient funds, stop payment or account closed without notification will be assessed.

NEW ENROLLMENT: _____ CHANGE: _____

(Name – Please Print) (Month / Year – to begin automatic withdrawal)

(Monthly Lease Amount) (Monthly Amenities Amount)

(OSV – Address) (Email Address)

(Signature) (Date)

Please attach a VOIDED check and a Payment Coupon. Authorizations for automatic withdrawals will not be processed without a signature and a voided check.

**Attach Voided Check
and Payment Coupon Here**

FOR OFFICE USE ONLY:

Date Received: _____

Date Entered: _____

Lease

Amenities

Year 2022
OCEANSIDE VILLAGE
VOLUNTEER RESPONSE FORM

Our community is growing and is in need of people who are willing to volunteer their time to help their friends and neighbors and occasionally, village management. If you are interested in joining this group of individuals, please fill out this response form and return it to the OSV management office.

Good Samaritan – helping friends and neighbors who are in need of:

- _____ Transportation to doctors, shopping, church, etc.
- _____ Visiting the sick or lonely when asked
- _____ Welcoming new homeowners who are in residence
- _____ Relieving care givers so they may have some free time for themselves

Office Help—assisting in the following areas:

- _____ Receptionist/telephoning
- _____ Stuffing/labeling mail
- _____ Stuffing packets for front gate
- _____ Word processing
- _____ Preparing articles for the Inside Oceanside newsletter

Other Activities:

- _____ Memorial Committee
- _____ Library – cataloging, assisting patrons, book sales, children’s programs.
- _____ Security – answer phones, take messages, and fill out various types of Passes, file data (thus enabling security to handle traffic).
- _____ Maintenance

NAME: _____

OSV ADDRESS: _____
(Please Print)

PHONE: _____ BEST TIME TO CALL: _____

Other areas where you might be of assistance:

