

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Braddock Cove Club *Horizontal Property Regime*

Welcome to Braddock Cove. Please take some time to relax and review the helpful and essential information provided. For additional information please visit **HighTideAssociates.com**. If you have any questions, please do not hesitate to contact the Regime Management Company.

Regime Management Company:

High Tide Associates
Jim Nissley
Association/Community Manager
Jim@hightideassociates.com
Direct line 843-681-6152

HIGH TIDE ASSOCIATES

P.O. Box 7665
Hilton Head Island, SC 29938
55 New Orleans Rd. Suite 211
Hilton Head Island, SC 29928
Office 843-686-2241
Fax 843-686-2204
www.htausa.com

Resident information:

To assist in delivering the utmost service and to improve the quiet enjoyment of the community, the BRADDOCK COVE CLUB requires that you please fill out and submit the enclosed CONTACT INFORMATION SHEET. This will assist us to contact you when necessary.

Pest Control:

Pest control is a scheduled quarterly service that is part of your monthly regime fee. Routine pest control service in **all** the condos is essential.

Refuse:

Please dispose of your properly bagged household trash in the dumpsters located in your courtyard with your recycle bin.

Pets:

Please be aware of the town CODE OF ORDINANCES.

Rules & Regulations:

Rules and regulations are developed to assist in the upkeep of a safe and enjoyable community. It is imperative that you read and understand the Rules and Regulations of the community. Any questions or concerns please contact High Tide Associates.

Helpful Numbers:

1. South Island PSD (Water) 843-785-6224.
2. Palmetto Electric (Electric) 843-681-5551.
3. Time Warner (Cable, telephone and internet) 843-785-3070.
4. Hargray 843-686-5000.
5. Beaufort County Sheriff's Office 843-785-3618.
6. Hilton Head Fire Department 843-682-5100.
7. Hilton Head Hospital 843-681-6122.
8. Beaufort Animal Control 843-846-3904.
9. For after-hours emergencies with your unit call 843-683-0968

Hurricane Preparedness:

Please visit the Town of Hilton Head website www.hiltonheadislandsc.gov or Beaufort County website www.bcgov.net.

Insurance:

The regime insurance is for catastrophic conditions. Directors and Officers, and Liability is covered in the regime fee.

Owners are responsible for obtaining contents insurance, known as an HO6 policy. Please see the attached for additional information. It is highly advisable that owners require their renters to obtain their own renters insurance!

If you have any questions or concerns please contact Jim Nissley, High Tide Associates at 843-681-6152 or email Jim@hightideassociates.com

FOR AFTER-HOURS EMERGENCIES CONCERNING YOUR UNIT, PLEASE CALL 683-0968

Revised 2015

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BRADDOCK COVE

DEAR HOMEOWNER,

IN ORDER FOR US TO BE MORE EFFECTIVE IN MANAGING YOUR PROPERTY, THE FOLLOWING INFORMATION IS REQUIRED;

OWNER NAME: _____
ADDRESS: _____

UNIT #: _____
PHONE #: (HOME) _____
(CELL) _____
(WORK) _____

E-MAIL: _____
EMERGENCY CONTACT: (NAME) _____
(PHONE) _____

1. DO YOU LIVE IN UNIT? Y N
2. DO YOU RENT OUT YOUR UNIT? Y N
3. IF YES, DO YOU MANAGE IT YOURSELF? Y N
4. IF NO, WHO IS YOUR AGENT?
MANAGEMENT CO.? _____
TELEPHONE #: _____

5. LIST VEHICLES AUTHORIZED TO PARK ON THE PROPERTY:

	YEAR	MAKE	COLOR	MODEL	PLATE#	STATE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS YOU CAN TO:

HIGH TIDE ASSOCIATES

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THIS FORM IS FOR BRADDOCK COVE CLUB

Association Dues

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ALL DIRECT DRAFT TRANSFERS WILL BE DRAWN ON OR AROUND THE 10TH OF THE MONTH OF WHICH IT IS DUE.

I (we) hereby authorize High Tide Associates (HTA), hereinafter called **COMPANY**, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Banking Information:

Depository Name: _____ Branch: _____
(Bank Name) (Location)

City: _____ State: _____

Routing Number: _____ Account Number: _____

Checking Account _____ Savings Account _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

If you wish to stop direct draft you must notify High Tide Associates in writing, including the date you would like the services to be discontinued.

Your Personal Information: (Please Print)

Account Number (Example: BCC12): _____

Name(s): _____

Phone Number: _____ day _____ evening

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS AUTHORIZATION FORM