



REPLY REQUIRED

IMPORTANT: Your registration with your Community is NOT complete until this form is filled out and mailed back in the return envelope provided. Please return this form within five (5) days to complete your registration.

Association / Community Name:		Owner Name:	
Signature:		Email Address:	
Unit Address:			
Mailing Address:			
Secondary Address (if applicable):			
Home Phone:		Work / Cell Phone:	
Emergency Contact Name & Phone:			
<p>GATED COMMUNITIES ONLY: If you were given a gate remote/s from the previous owner, please provide us the "TR" number from the label on the back of the remote/s (the TR number is a 5-digit number located beneath the FCC number):</p>			
TR #1:	TR #2:	TR #3:	
RENTAL PROPERTIES:			
Will this be a rental property? (Circle one) YES NO			
MEMBERSHIP LIST:			
Community membership rosters may be made available to homeowners who request them for their association. Owners may request to have their information excluded from this list.			
Do you wish to have your information excluded from this list: (Circle one) YES NO			

For Office Use Only

Accounting (initials):	Date:
Administration (initials):	Date: