

**HOMEOWNER
INFORMATION**

Please print all information

Resident Information

Name: _____ SCW Address: _____

Name: _____ Summer Address: _____

Home Phone _____ Summer Phone: _____

Cell Phone: _____ E-mail Address: _____

EMERGENCY CONTACT

1st Choice: Name: _____ Address: _____

Phone: _____ E-mail Address: _____

2nd Choice: Name: _____ Address: _____

Phone: _____ E-mail Address: _____

I (we) would like to receive our HOA information (newsletters, board meeting notices, etc.)
via E-mail. Circle one.

YES

NO

Sign: _____ DATE: _____

P.S. If there is more than one person listed as a resident please put a check mark by the name of the one that is designated as the voting member. That person must be on the title to the unit (i.e., an owner).
