

Member # _____

NEW RESIDENT INFORMATION

Please complete and return this form to the Heron's Glen Recreation District Administration Office.

Name: _____

Lot # _____ Purchased From: _____ or NEW house: _____

Address: _____

Actual Closing Date: _____ Billing Address: _____

Home Phone: _____ Please list cell numbers and email addresses below.

Name: _____ Cell #: _____ Email: _____

Name: _____ Cell #: _____ Email: _____

Billing Preference: Email Only Printed Only Both Email & Printed

If you have an address change, please notify the HGRD Administration Office.

Please check one: Seasonal Permanent Rental Home

If seasonal, please indicate approximate dates of occupancy: _____

Northern Address: _____

If you will be a permanent resident, what was your state of origination? _____

We have an email communicating system in place whereby we email the owners of the latest news. Please check the appropriate statements regarding your email address.

You may send me email.

You may include my phone and email address in the Resident Directory.

Please DO NOT include my email address in the Resident Directory.

Please DO NOT include my phone number in the Resident Directory.

Person(s) you would like us to contact in case of an emergency:

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

_____ (Signature) _____ (Date)

Accounting Activities HOA

Form Date: 7/17/19