



Member # _____

NEW RESIDENT INFORMATION

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

Owner's Names:

_____ D.O.B.: _____ AGE: _____

_____ D.O.B.: _____ AGE: _____

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: 12/09/2020