Sawtooth Association

Community Directory Information Release & Update Form

Dear Co-Owner,

The Sawtooth Association Board of Directors is preparing a Community Directory to help neighbors connect more easily. Participation is voluntary, and only the information you choose to share will be included.

Please review, complete, and sign this form to authorize the inclusion of your information. You may also use this form to provide any updates to your contact details.

Owner Information

Owner Name(s): _____

Unit Number: _____

Mailing Address (if different): _____

_____

Primary Phone: _____

Secondary Phone: _____

Email Address(es): _____

_____

Information Release Authorization

I understand that inclusion in the Sawtooth Community Directory is optional. By signing below, I authorize the Sawtooth Association to publish the information I have provided above in a directory distributed to all Sawtooth co-owners.

☐ Yes, I consent to have the above information included in the directory.

☐ No, I do not wish to have my information included.

Signature: _____ Date: _____

Return Instructions

Please return this completed form by mail or email to:
Sawtooth Association c/o The Bellaire Professional Centre
P.O. Box 332 • Bellaire, MI 49615
Email: assn@belproctr.com