

ADRIAN WOODS Homeowners Association, Inc.

Owner Registration

Adrian Woods address _____ Date: _____

Owner's Name: _____

Mailing Address: _____
(If different from above)

Cell Phone: _____ Alternate #: _____

Email address: _____
(Your email address will not be shared and will be used only for Association purposes such as community related information)

Number and Type of Pets: _____

Breed (if applicable): _____

Email Information

(Check one)

Do you agree to receive official notice by email? YES NO _____

Signature

****Note that agreeing to receive your official notices by email allows the Association to send meeting notifications, proxies and voting information by email in lieu of postal mail. Your email address will not be shared with outside parties****

Rental Information

This section must be completed if you rent your property

Management Company Name: _____

Property Manager Name: _____

Property Manager Contact Information:

Phone: _____

Email: _____

Tenant Name(s): _____

Home Phone (____) _____ Cell (____) _____ Work (____) _____

Email Address: _____

Form must be returned to: Liberty Community Management

Mail to: 7851 Pine Forest Road, Pensacola, FL 32526

Email: Jay@LCMFL.com OR TAKE A PICTURE OF THE FORM AND TEXT IT TO ME AT 850-501-2268