

Heritage Parks Homeowners Association

P.O. Box 3351 Abilene, TX 79604

Residents Information Sheet

PLEASE COMPLETE AND RETURN TO HOA

[Billing.hpha@gmail.com](mailto:Billing.hpha@gmail.com)

Number of lots owned \_\_\_\_\_

LOT ADDRESS \_\_\_\_\_

LOT ADDRESS \_\_\_\_\_

OWNER \_\_\_\_\_ Occupant ☐ Other ☐

MAILING ADDRESS OF OWNER IF DIFFERENT FROM LOT ADDRESS:

\_\_\_\_\_

PHONE NUMBERS: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

EMERGENCY CONTACT NUMBER, other than above \_\_\_\_\_

E-Mail Address for file \_\_\_\_\_

( Please Print Using Capital Letters ) ---- All Correspondence And Statements Are Sent By EMAIL.

**DUES are assessed ANNUALLY PER LOT Owned !! ( view HOA Dues/Fee Schedule on web site )**

**I CHOOSE TO BE BILLED: SEMI-ANNUALLY ☐ ANNUALLY ☐**

OK to release my phone number to my neighbors. Yes ☐ NO ☐

If someone else is occupying your house, please see that they have access to the deed restrictions, obtained from our web site, as we will be corresponding with you about violations of the restrictions.

**\*\*IF OTHER, OCCUPANT'S\_(Renter etc.) INFORMATION: (REQUIRED)**

RENTAL PROPERTY MANAGEMENT AGENCY: \_\_\_\_\_

NAME:

\_\_\_\_\_

PHONE NUMBERS: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

RENTAL PROPERTY \_\_\_\_\_ OR STUDENT HOUSING \_\_\_\_\_

TENANT'S NAME/PHONE#: \_\_\_\_\_

This information is for office use only in the event of an emergency or problems with residence unless permission is given to release your number to the neighbors.