

Hillcrest Bay Homeowners' Association
—REGISTRATION FORM—

Date _____
Lot(s) # _____

Homeowners Information

Name: _____
Email: _____
Address: _____
Phone: _____

Tenant Information

Name: _____
Email: _____
Address: _____
Phone: _____

Vehicle Information

license plate no.	state	year	make	model
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Lease Term

Start Date _____ End Date _____

Leased Vacation Second Home Family Occupied

Owners

Signature: _____ Date: _____

Please mail, fax or email this form to

Amy Telnes Management Services
2563 N. Kiowa Blvd., Lake Havasu City, AZ 86403-2552
Fax: (928) 505-8087
amy@atmshoa.com