

Hillcrest Bay Homeowners' Association

—HOMEOWNERS INFORMATION—

Name of Homeowner(s): _____ Lot# _____

Property Address: _____

Note: Please include your Lot# of the property you own: one (1) form should be completed per each lot owned.

MAILING ADDRESS TO WHICH YOU WANT THE ASSOCIATION'S NOTICES DELIVERED

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Cell: _____

ALTERNATIVE/SECONDARY MAILING ADDRESS (IF ANY) TO WHICH YOU WANT THE ASSOCIATION'S NOTICES DELIVERED

Alternate/Secondary Address: _____

LEGAL REPRESENTATIVE OR AUTHORIZED INDIVIDUAL TO BE CONTRACTED IN THE EVENT OF AN EMERGENCY

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Cell: _____

STATUS OF YOUR ASSOCIATION PROPERTY (check one)

Owner-Occupied Rented Vacant Undeveloped Land

I declare that I am an owner and/or trustee of the trust that owns the Association property identified above, that the information is accurate, and that I am authorized to make elections reflected above on behalf of all owners of this Association property.

I hereby appoint and designate _____ (lot owner name) as the voting member for lot# _____ owned by the undersigned.

Date: _____ Phone: _____ Email: _____

Signature: _____ Print Name: _____

Please mail, fax or email this form to

Amy Telnes Management Services
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