

Laurel Lakes Contact Information

Lot #: _____

Address: _____

Owner _____ Renter _____ (check one)

of vehicle stickers _____

Name #1:

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Gate Directory Name: _____ (Last, First Initial OR Last, Full Name)

Name #2:

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Gate Directory Name: _____ (Last, First Initial OR Last, Full Name)

Permissions:

Use Email notification for HOA business: Yes _____ No _____ (check one)

Use Electronic voting for HOA business: Yes _____ No _____ (check one)

If yes, email address to use: _____

Inclusion of phone numbers for HOA directory (accessible by residents only):

Yes _____ No _____ (check one)

Inclusion of emails for the HOA directory (accessible by residents only):

Yes _____ No _____ (check one)

If mailing address is different than Laurel Lakes address, please supply:

Name: _____

Street Address: _____

City, State, Zip: _____

Signature

Printed Name

Date

For office use only:

SO _____ SC _____ LM _____ GM _____ Web _____ DB _____ DIR _____ WC _____ Other _____

Previous Owner, if applicable: _____

SO _____ SC _____ LM _____ GM _____ Web _____ DB _____ DIR _____ WC _____ Other _____