

Shadow Pines Homeowners Association, Inc.

Owner Information for Member Directory

To: Shadow Pines Homeowners
From: Kristen Werner- Property Manager, Woodbridge Group

The Woodbridge Group needs the following information to update our records and to provide homeowners with an updated Member Directory. Please fill out, print clearly and return ASAP to Woodbridge Group P.O. Box 237 Pittsford, NY 14534.

Records for Woodbridge Group

(Required information)

Name (Owner & spouse) _____
Home Address: _____
Mailing Address: _____
Home Phone: _____
Work Phone: _____
Email address: _____

Secondary Residence

Alternate Address: _____
Alternate Phone: _____
Dates: (i.e. Winter Oct. - May) _____

Emergency Contact Information

Name: _____
Relationship: _____
Phone: _____

Note: The above information is provided for the use of Woodbridge Group only.

-----Shadow Pines Members Directory-----

(What will be published)

Names (owner & spouse) _____
Home Phone: (optional) _____
E-mail:(optional) _____

Note: All Members names phone #'s and email will appear in directory. This member directory is confidential and cannot be reproduced or distributed for business or solicitation purpose.

Homeowner Signature: _____ Date: _____