## **Inglewood Townhome Homeowners Association Association Owner Information & Associate Member Directory**

To: Inglewood Townhome Homeowners

From: Lisa Beardsley, Property Manager

The following information is required for the Woodbridge records and to provide homeowners with an updated Associate Member Directory. Please fill out, print clearly and return ASAP.

## **Woodbridge Group Records**

(Required information)

| Name (Owner                    | ):                                 |  |
|--------------------------------|------------------------------------|--|
| Address:                       |                                    |  |
|                                |                                    |  |
| Work Phone:                    |                                    |  |
| F-mail:                        |                                    |  |
| L-man                          |                                    |  |
| Name (Tenant                   | ):                                 |  |
| Address:                       |                                    |  |
| Home Phone:                    |                                    |  |
| Work Phone:                    |                                    |  |
| Casandamy Day                  | idanaa (if annliaahla)             |  |
| Alternate Add                  | idence (if applicable)             |  |
| Alternate Pho                  |                                    |  |
| Dates: (i.e. Winter Oct - May) |                                    |  |
| Dates: (i.e. w                 | inter Oct - May)                   |  |
| Emergency                      | Contact Information                |  |
| Name:                          |                                    |  |
|                                |                                    |  |
| Phone:                         |                                    |  |
| Note: The abo                  | ve information is provided for the | expressed use of Woodbridge Group only.  |
|                                |                                    | nbers Directorye Published)  |
|                                |                                    |  |
| Name:                          |                                    |  |
| Address:                       |                                    |  |
| Home Phone:                    | (optional)                         |  |
|                                |                                    |  |
| E-mail (option                 | al)                                |  |
|                                |                                    | appear in directory. This member directory is ted for business or solicitation purpose |
| Homeowner Signature:           |                                    | Date:  |