

**Hidden Pines Homeowners Association**  
**Association Owner Information & Associate Member Directory**

To: Homeowners

From: Lisa Woodbridge, Property Manager

We need the following information to update our Woodbridge records and provide homeowners with an updated Associate Member Directory. **Please fill out, print clearly and return ASAP.**

**Woodbridge Group Records**  
(Required information)

Name (Owner): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ (optional)

Pet Information:      Yes  No  Breed and Name \_\_\_\_\_

Name (Tenant): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**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 expressed use of Woodbridge Group only.

**-----Hidden Pines Members Directory-----**  
(What may be published)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone:            (optional) \_\_\_\_\_  
Work Phone:            (optional) \_\_\_\_\_  
E-mail Address:        (optional) \_\_\_\_\_

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

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_