

HARROGATE NORTH CONDOMINIUM ASSOCIATION COMMUNITY DIRECTORY AND EMAIL RELEASE FORM

Resident #1 _____
Last First

Resident #2 _____
Last First

Address _____

City _____ State _____ Zip _____

If issued, Key Card Numbers: _____

CONTACT INFORMATION

Home Phone _____ Mobile Phone(s) _____

Work Phone _____ Email Address(es) _____

I hereby agree to allow the information listed above to be included in the Harrogate North Community Directory and email distribution list.

Signature _____

Date _____

Emergency Contact

Name: _____ Phone: _____

Relationship to Resident(s): _____