



Homeowner Information Sheet

Community _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Are you currently (Y / N) or interested in (Y / N) serving on the Board?

If yes, what position? _____

Do you give permission to have your name, address and phone number published
in the neighborhood directory? (Y / N)

If yes, please list names of children if you would like them to appear. _____

Do you have access to a computer with internet? (Y / N)

Do you need a copy of the covenants sent to you? (Y / N)

Do you rent your home? (Y / N)

Please list owner information if different. Include a copy of the lease agreement.

Owner Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please return this form to Assurity Management by fax or mail at your earliest
convenience.

Fax: 918-366-6922

Mail: P.O. Box 501

Bixby, OK 74008

This information is used for our records and by the association only and is not given
to any individuals without your permission. If someone tries to contact you through
our office, we will take their information and contact you.