

## York Woods Community Association Owner Census Form (please print)

Owners Name (s):				Spouse:
Dr	Mr	Mrs	Ms	Spouse:(CHECK ONE(S) THAT APPLY)
Owners Name (s):				Spouse:
	(Name as shown	on title of uni	it if different fr	om above)
Lot / Address				
Lot/ Address:				
Home Phone:			v	Vork Phone:
Cell Phone:				
(For emergencies and	/or Association	on use ONLY	) MANDAT	ORY
E-mail address:				
L man address.				
Diago shock the shock	hav 16			and the board to take a discount
Please check the abo	ve box if you g	to not want	your email p	published in the directory.
E-mail address:				
			<del>,</del>	
Please check the abo	ve box if you	do not want	your email p	published in the directory.
Seasonal Address:		(Only if differ	rent than abov	e address)
		• • • • • • • • • • • • • • • • • • • •		
Seasonal Residence P	hone Number	r:		
EMERGENCY CONTAC	CT(S) OTHER T	HAN OWNER	R:	
Name:				
Phone #:				ey Holder: yes no
Name:				
Phone #:			к	ey Holder yes no
Tenant (s) Namo if Lo	acod:			Eve Date:
Tenant(s) Contact	ascu.			Exp. Date:
Number:				