

York Woods Community Association  
Owner Census Form (please print)



Owners Name (s): \_\_\_\_\_ Spouse: \_\_\_\_\_  
Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ (CHECK ONE(S) THAT APPLY)

Owners Name (s): \_\_\_\_\_ Spouse: \_\_\_\_\_  
(Name as shown on title of unit if different from above)

Lot/ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

(For emergencies and/or Association use ONLY) MANDATORY

E-mail address: \_\_\_\_\_

Please check the above box if you do not want your email published in the directory.

E-mail address: \_\_\_\_\_

Please check the above box if you do not want your email published in the directory.

Seasonal Address: \_\_\_\_\_  
(Only if different than above address)

Seasonal Residence Phone Number: \_\_\_\_\_

EMERGENCY CONTACT(S) OTHER THAN OWNER:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Key Holder: yes \_\_\_ no \_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Key Holder yes \_\_\_ no \_\_\_

Tenant (s) Name if Leased: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Tenant(s) Contact  
Number: \_\_\_\_\_