

HUNTER'S HIGHLAND HOMEOWNER'S ASSOCIATION

Member Information Form

To help us keep accurate membership files, please complete the following form and return it to us by fax, mail or email.

Lot Number: _____ Property Address: _____

This address is my (please check one):

Primary Residence Rental Property Vacation Residence

Name: _____

Mailing Address: _____

Home Phone: _____ Email: _____

Work Phone/ Name: _____ Cell: _____

Best Daytime Contact (Phone or Email): _____

IMPORTANT: If this home is NOT owner occupied please provide the following information:

Tenant Name: _____ Phone Number _____

Owner Mailing Address: _____

Property Management Company (if used): _____

Contact: _____ Phone: _____

Term of Lease and Expiration date: _____

Please return to:

Hunter's Highland Homeowner's Association
c/o Crystal Lake Property Management Inc.
63088 NE 18th Street Suite 101 ♦ Bend, OR 97701
PHONE (541) 617-7006 ♦ FAX (541) 617-1599
EMAIL: bend@crystallakepm.com
www.crystallakepm.com