



Resident Information Form

Please complete this form if you are a new homeowner or if your information has changed since last year. Please return completed form to the LCHOA office. - Thank you!

Address:

Homeowners (Please Print):

First Name: _____

Last Name: _____

Cell Number: _____

Email: _____

Co-Resident (i.e. Spouse/Partner):

First Name: _____

Last Name: _____

Cell Number: _____

Email: _____

Number of persons in residence: _____

If Rental Property, Owner's Name (please print): _____

Phone Number: _____

Emergency Contact (Name/Phone Number):

Scan cards are the property of LCHOA and may not be transferred to or used by any person other than the person named on this document. Transfer of cards, improper use of cards or recreational facilities, or failure to observe and obey rules may result in cancellation of membership cards and/or fines as determined by the Board of Trustees. All assessments and other fees must be paid in full in order for scan cards to be activated.

Replacement fee: \$25.00 per card

Signature _____ **Date:** _____

FOR OFFICE USE ONLY

Account. No: _____

Scan Cards Issued: _____ **Date:** _____

Clubhouse Access paid: _____

Release Waiver (signed): _____

Common Ground Agreement Required: Y/N If required, is it signed? _____