

Holloway Pond Homeowner's Association

Date: ____ / ____ / ____

If you are an owner please fill out the as much of this form as possible. This form will be kept confidential and is used by the management company and the Board of Directors for the Association's records, insurance coverage, and for emergency reasons only.

Name(s) to be on Account: _____

Association Address: _____, Maplewood, MN 55109

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Move in Date: _____

Home Phone #: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email Address: _____

Name: _____ Place of Employment: _____

Work Phone #: _____

Name: _____ Place of Employment: _____

Work Phone #: _____

**Winter Address: (If applicable) _____

City: _____ State: _____ Zip: _____

Please contact our office when you wish to change to/from your winter address

Vehicles:

Make _____ Model _____ Year _____ Plate # _____

Make _____ Model _____ Year _____ Plate # _____

Person to contact in case of an emergency: _____

Best Phone # to reach them at: _____ Relation: _____

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