

HOMEOWNERS ASSOCIATION OF MOUNTAIN RUN, INC

HOMEOWNER/RESIDENT INFORMATION FORM

Owner Name(s): _____

Property Address: _____

Mailing Address (if you are residing off the premises): _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____

Secondary Email: _____

Emergency Contact: _____

Phone: _____ Email: _____

Per the Virginia Non-Stock Corporation Act, the Association may send documents and correspondence to members via electronic transmission (email), provided consent is given by the member. In an effort to reduce Association expenses, do you consent to receive this type of communication?

YES NO

Yes, I/we consent to receiving Association correspondence through email.

Owner(s) Signature

Owner(s) Signature

Once consent is given, it may be revoked with a request in writing, at which time you would then receive mailed communications.

IF YOU ARE LEASING YOUR HOME, PLEASE FILL IN THE INFORMATION BELOW COMPLETELY.

Name(s) on Lease: _____

Tenant Primary Phone: _____ Tenant Secondary Phone: _____

Management Company: _____ Agent: _____

Agent's Work Phone: _____ Agent Email: _____

Term of Lease: _____

Please be sure to provide your Tenant with a copy of the current *Rules and Regulations*. Please forward a copy of the **current** lease with this form. Thank you for your time and cooperation.

Mail completed form to:

Homeowners Association of Mountain Run, Inc
Attn: *Rachel Atkinson*
4860 Cox Road, Suite 200
Glen Allen, VA 23060

OR Fax to: 804-212-0896 **OR Email to:** RAtkinson@unitedpropertyassociates.com