

ASBURY PARK HOMEOWNER'S ASSOCIATION INC.
P.O. BOX 639
SHARPSBURG, GA 30277
http://www.marquismgt.com/prop_asbury.html

Mandatory HOA Registration Form

Date: _____

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Email: _____

Are you the (please check one) Owner Renter/Leasee Rent to Own

If you are not the owner, please provide the name, address and contact info:

If you are the owner, please assist us with helping you, by answering the following:

Did you receive a copy of the By-Laws and Covenants at closing? Yes or No

If no, do you prefer a copy sent to you via regular mail or email? Regular Mail Email

If you are planning on renting your home, have you submitted a Leasing Permit Form? Yes or No

Please return this form to the post office box above within fifteen (15) days from receipt of same. Should you have any questions, please do not hesitate to write or email us. We appreciate your courtesy and cooperation in these regards.

*Asbury Park Homeowners Association
Board of Directors*