

CHANGE OF OWNERSHIP FORM

DATE _____

SUBDIVISION: _____ LOT #: _____

PROPERTY ADDRESS: _____

OLD OWNER: _____

NEW OWNER: _____

First Name

Last Name

Spouse / First Name

Last Name (if different)

MAILING ADDRESS: _____

PHONES #'S (H) _____ - _____ - _____

(W) _____ - _____ - _____

CO-OWNER(S) Name, Address & Phone #(if applies):

RENTER Name(s) (if applies):

This form can be filled out online and then **printed** out to either **fax, mail, or drop it off** at the office.

LCPOA - 11281 Hewitt Rd., Brooklyn, MI 49230 • Phone: (517) 592-2361 • Fax #: (517) 592-3710

FOR OFFICE USE:

Verify Paid Account	_____	(yes or no)
Membership card(s)	_____	Crystal Reports
New owner information	_____	Brochure Holder
Copy of deed	_____	
Change card in File Cabinet B	_____	Word
Change name on trash list	_____	Excel
Change Peachtree; Customer	_____	
Change Peachtree; Inventory Items	_____	
Mail Post Card (if applies)	_____	Publisher