

# CHANGE OF OWNERSHIP FORM

DATE \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT(s) #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

NEW OWNER: \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Spouse / First Name Last Name

NAME & MAILING ADDRESS FOR DESIGNATED OWNER TO RECEIVE ALL BILLINGS & NOTIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_

PHONES #'S (1) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL # (2) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL # (3) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-MAIL \_\_\_\_\_

Would you like to receive our newsletter by email? \_\_\_\_\_ (we will only use your e-mail to send out our newsletter if this is checked)

NAMES OF ALL OWNERS ON DEED - Name, Address, Phone & E-Mail (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRASH NEEDS: YEARLY \_\_\_\_\_ SUMMER (May 1 TO Oct 31) \_\_\_\_\_ CUSTOM \_\_\_\_\_

This form can be filled out online and then printed out to either fax, mail, e-mail or drop it off at the office with a copy of your Deed.

LCPOA - 11281 Hewitt Road, Brooklyn, MI 49230

Phone: (517) 592-2361 • Fax #: (517) 592-3710 • e-mail: lcpoa@frontiernet.net

## FOR OFFICE USE:

Verify Paid Account	_____ (yes or no)
Change Customer	_____ peachtree
Change Inventory Item	_____ peachtree
Change name on Trash list	_____ Excel
Membership cards	_____ crystal reports
COPY OF DEED	_____ (YES OR NO) - Deed Dated _____

