

HARVEST BEND, THE MEADOW HOA

POOL TAG REGISTRATION FORM

(This form will be maintained at our pool for emergency contact information)

HOMEOWNER LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ SPOUSE NAME: _____

DAYTIME/CELL PHONE NO. _____ OTHER PHONE NO. _____

OWN HOME: _____ RENTAL PROPERTY _____

IF RENTAL PROPERTY, RENTER TO PROVIDE COPY OF RENTAL AGREEMENT WHEN PICKING UP POOL TAGS.

NAME OF RENTER _____ NAME OF RENTER SPOUSE _____

RENTER DAYTIME/CELL PHONE NO: _____ RENTER HOME PHONE _____

SHOW NAMES OF HBTM HOMEOWNER OR RENTER AND THEIR CHILDREN WHO LIVE AT THIS ADDRESS FOR WHOM POOL TAGS ARE BEING REQUESTED. YOU MAY BE ASKED TO SHOW DRIVER'S LICENSE OR OTHER FORM OF ID THAT SHOWS CURRENT ADDRESS.

1 _____ DOB: _____ AGE: _____

2 _____ DOB: _____ AGE: _____

3 _____ DOB: _____ AGE: _____

4 _____ DOB: _____ AGE: _____

5 _____ DOB: _____ AGE: _____

6 _____ DOB: _____ AGE: _____

7 _____ DOB: _____ AGE: _____

8 _____ DOB: _____ AGE: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT _____

EMERGENCY PHONE 1: _____ EMERGENCY PHONE 2: _____

HOMEOWNER SIGNATURE: _____ Date: _____

_____ Account cleared by ACMP



NUMBER ADULT TAGS ASSIGNED _____ ; NUMBER MINOR TAGS ASSIGNED _____