

REGISTRATION FORM FOR NEW RESIDENTS

Congratulations on the purchase of your new home and Welcome to Sturbridge! Please complete this form and forward it to the Sturbridge Homeowners' Association.

Physical Address of Property: Homeowner: (Responsible for dues) Renter: (If applicable)			
		Mailing Address of Homeowner if differ	ent than Physical Address:
		Date of Closing:	Move-In Date:
		Cell Phones:	Work Phone:
E-mail Addresses:			
Emergency Contact:	Phone #:		
Prior Owner's Name:			
Sales Agent's Name:			
Homeowners Association Dues are to be	consible for the annual Homeowners' Association Dues. I billed semi- annually by January 1 ^{stt} and July 1 st . These cordance with the Bylaws of the Association.		
Please return this form and checks payab Sturbridge Homeowners' Asso 9015 Sturbridge Place Montgomery, AL 36116	le to Sturbridge Homeowners' Association, at: ciation		
By signing this document, you agree to a	bide by the Sturbridge Covenants:		

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