

Pertinent Information of OSV Homeowners

Please complete the following information and return to the office so that our records will be up-to-date:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Telephone: _____

Work Telephone (if applicable): _____

OSV Home Address: _____

OSV Telephone: _____

E-Mail Address (if applicable): _____
(Please Print)

If more than one owner, complete the following:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Telephone: _____

Work Telephone (if applicable): _____

E-Mail Address (if applicable): _____
(Please Print)

Lawn Mowing:

CHECK ONE:

I DO / I DO NOT WANT MY LAWN MOWED WHEN THE MOWERS ARE WORKING ON OCEANSIDE VILLAGE.

PHYSICAL LOCATION ADDRESS: _____

NAME: _____