



RESIDENT INFORMATION FORM

In an effort to ensure that each household within the Association is adequately represented, the Board of Directors is asking for an accurate account of the residents who reside within the Association. The Board of Directors will use the requested information to mail yearly letters in preparation for the Annual Meeting of Members, email quarterly newsletters, and to contact residents should an emergency arise.

Please COMPLETE, SIGN, and SUBMIT this Resident Information Form via email
info@thelakesatdonegalsprings.com or by mail **125 Charlan Boulevard, Mount Joy, PA 17552.**

Name(s): _____	
Property Address: _____	
Mailing Address (if different): _____	
Phone #: (____) _____	Number of Adults: _____ Number of Children: _____
Primary Email Address: _____	
Secondary Email Address: _____	
Is this Property Leased or Rented?* Yes: ____ No: ____ Dates: (_____ - _____)	
Name(s) of Tenant(s): _____	
Tenant Phone #: (____) _____	Number of Adults: _____ Number of Children: _____
Tenant Primary Email Address: _____	
Tenant Secondary Email Address: _____	
Have Tenant(s) been provided a copy of the CC&R's and Rules for the Community? Yes: ____ No: ____	

NOTE: Homeowners MUST submit tenant information within 10 business days from the date of the lease. Please include a copy of the lease for our records.

Signature: _____ Print Name: _____ Date: _____