

C/O ASSOCATION SERVICES, INC.

1250 Ironwood Drive, Suite 330 Coeur d'Alene, ID 83814 (208) 676-8626 – Direct (208) 676-8603 - Fax

Please complete your contact information below:

	Contact Informat (Please prin	
Owner's Name:		
Property Address:		
City:	State:	Zip:
Mailing Address (if different fr	om above):	
Home Phone:	Work Pr	none:
Cell:	Email: _	
Yes No Please	email my assessment invoic	ces to me at the above email address.
Yes, I agree to other unit owners.	have my name, address an	nd contact information available to the
No, I do not woother unit owners. Alternate contact person in ca	•	ldress and contact information to the
Name:	se of an emergency.	
		Dhana
Address:		Phone:
Signature		Date

ASI uses this contact information to update our records in managing your account for the Camden Place Homeowners Association. ASI will not provide your contact information to anyone without your approval.