

WILLIAMSBURG AT HERITAGE RIDGE CONDOMINIUM ASSOCIATION, INC.

DIRECTORY INFORMATION CONSENT FORM

NAME: _____

BUILDING #: _____ UNIT # _____

LOCAL PHONE NUMBER: _____

CELL PHONE #: _____

ALTERNATE ADDRESS: _____

ALTERNATE PHONE NUMBER: _____

E-MAIL ADDRESS (S): _____

I hereby give my consent to the Association to publish the above information in the directory.

Signature of Owner

Print Name

Signature of Owner

Print Name

Date

Date