ASBURY PARK HOMEOWNER'S ASSOCIATION INC. P.O. BOX 639 SHARPSBURG, GA 30277

http://www.marquismgt.com/prop_asbury.html

Mandatory HOA Registration Form

Name:	Date:	
Phone:	Name:	-
Cell Phone: Email: Are you the (please check one) Owner □ Renter/Leasee □ Rent to Own □ If you are not the owner, please provide the name, address and contact info: If you are the owner, please assist us with helping you, by answering the following: Did you receive a copy of the By-Laws and Covenants at closing? Yes or No If no, do you prefer a copy sent to you via regular mail or email? Regular Mail □ Email □ If you are planning on renting your home, have you submitted a Leasing Permit Form? Yes or No Please return this form to the post office box above within fifteen (15) days from receipt of same. Should you have any questions, please do not hesitate to write or email us. We appreciate your courtesy and cooperation in these	Address:	
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Asbury Park Homeowners Association Board of Directors