

CASTLEWOOD HOA HOMEOWNER INFORMATION SHEET

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

(if different)

TELEPHONE : HOME: _____ CELL: _____

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY
NOTIFY: _____

TELEPHONE NUMBERS: _____

**** IF HOME IS LEASED PLEASE PROVIDE FOLLOWING INFORMATION:**

NAME OF RESIDENT: _____

RESIDENT'S TELEPHONE HOME: _____ WORK: _____

Please return completed form to:
CASTLEWOOD HOA
3420 FAIRFIELD LN, HIGHLAND VILLAGE, TX 75077
jhansen@spectrumam.com