



*Ledgewood Condominium*

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Management Office  
One Ledgewood Way  
Peabody, MA 01960

978-535-6022 (Office)  
978-535-7801 (Fax)  
[lctrust@comcast.net](mailto:lctrust@comcast.net)

[www.ledgewoodcondotrust.com](http://www.ledgewoodcondotrust.com)

**VOICE BROADCASTING PARTICIPATION FORM**

**NAME:** \_\_\_\_\_

**BUILDING#** \_\_\_\_\_ **UNIT #** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**I hereby authorize the Ledgewood Condominium Trust to utilize the voice broadcasting system through the aforementioned telephone number. This number will be utilized to leave important messages regarding Association business and events.**

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**Resident's Signature**