ASSOCIATION INFORMATION FORM

(Please Print All Information)

Association:	Unit #:	Option:	_
Owner(s):	Telephone # (H):		
Mailing Address:	Teleph	one # (W):	
	Teleph	one # (C):	
E-mail Address (Primary):			
E-mail Address (Secondary):			
Pursuant to 27A V.S.A § 3-121(a), I/We being all as an acceptable method of providing notice fro			
	Yes No		<u></u>
Signature:			

Please email all requested informatio to:

<u>laurie@appletreebay.com</u>

or mail information back to:

SMI c/o Appletree Bay Property Management PO Box 3009 Burlington, VT 05408