

TWELVE OAKS HOMEOWNERS ASSOCIATION

HOMEOWNERS INFORMATION SHEET

Subdivision _____ Unit Number: _____ Lot Number: _____ Closing Date: _____

Name(s) of Homeowner(s) (Mr./Mrs./Ms.) _____
Last First Middle Initial Profession

(Mr./Mrs./Ms.) _____
Last First Middle Initial Profession

Address: _____ Home Phone#: _____

Business Phone

Spouses Business Phone

Husband's Cell Phone Number

Wife's Cell Phone Number

E-mail Address(s): _____

Emergency Contact
Name/Phone #/Relationship

Names/ year of birth of children living in the household:

Other adults living in the household: _____

Does your family wish to be listed in the Twelve Oaks Master and on-line directory? _____

Yes

No

Please Initial

What hobbies and interests does your family enjoy? _____

Is your family relocating? yes no If so, from where? _____

Are you moving from another area of Shreveport? yes no If so, what area? _____

Twelve Oaks Homeowners Committee Membership Form

As a member of the Twelve Oaks Homeowners Association we invite you to participate on one of the Committees which serve your community. Please sign-up for the committee of your choice and/or volunteer as a Chair person for the committee on which you would like to serve.

Recreation Committee

Pool / Clubhouse Committee

Grounds/Maintenance Committee

Membership Committee

Homeowner Signature

Date

Homeowner Signature

Date