REQUEST FOR ASSOCIATION PROPERTY

(Only Homeowners or Legal representatives can make a request.)

Da	Date:	
1.	1. Owner Name:	
2.	2. Unit# (Example: 1A, 4D, etc.)	
3.	3. (*Please check ✓ one.) Who is recipient?: () Homeowner, () Tenant, () Other:
4.	4. If tenant, when does your lease agreement expire?	
5.	5. Recipient /User's name:	
6.	6. Address:	
Cit	City,:, Guam Zip Code:	
7.	7. Contact Number: (Cell phone preferre	d but not necessary)
8.	8. Email: (*Must provide either pho	one or email or both.
res res no aut	By signing this form, I agree to the following: I am owner or the legally responsible and I will be responsible for the property issued to me; I will use it in the manner in responsible for any damage done (excluding normal wear and tear); upon the use resident of Horizon Townhouses, I will return the item(s) issued to me in proper we normal wear & tear); I will replace any items issued to me that are damaged or loss authorize the Horizon Townhouses Homeowners Association or its Board of Direct cover the replacement cost of the item issued to me that is not returned, damaged working condition.	ntended; I will be by being no longer a orking order (excluding of at my expense; I otors to charge me to
Siç	Signed this [DATE]	
Sir	Sincerely,	
OV	OWNER NAME	
OV	OWNER PHONE NUMBER	
YC	YOUR EMAIL	

Tel: 671-479-9532 / Fax: 671-479-8913 https://horizontownhouseshoa.org