Cherokee Hills 2 Homeowner's Association

please fill out the top p kept confidential and	portion of this form, and comple	ete the bottom portion with the ompany and the Board of Di	The formation of the second se
Name(s) to be on Ac	ccount:		
Association Address	::		
	City:	State:	Zip Code:
Mailing Address: (If	different from above)		
	City:	State:	Zip Code:
Home/Cell Phone #:		Home/Cell Phone #:	
Email Address(es):			
*** Wo	uld you like to receive Asso	ociation mailings & update	es via email? YES 🗆 ***
Place(s) of Employment:		Work Phone No:	
Place(s) of Employment:		Work Phone No:	
Person(s) to contact	in case of an emergency:		
Phone #s:			
Winter Address:			
	(If applicable, please cont	act Keller when winter add	ress begins and ends each year)
	City:	State:	Zip Code:
Vehicles:			
Make	Model	Year	Plate #
Make	Model	Year	Plate #
* * * * * * * * *	* * * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
Occupant Name(s):			
Home/Cell Phone #:		Home/Cell Phone #:	
Vehicles:			
Make	Model	Year	Plate #
Make	Model	Year	Plate #

Please be sure to include a copy of your lease agreement, if applicable.