

NEW SHADOWOOD-WENDOVER RESIDENT INFORMATION FORM

PROPERTY ADDRESS: _____ LOT: _____

CIRCLE ONE: OWN OR LEASE / SHADOWOOD OR WENDOVER
MOVE-IN DATE: _____

MAILING ADDRESS (IF DIFFERENT) _____

OWNER(S) NAMES: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER(S): _____

EMAIL: _____

2ND EMAIL: _____

EMERGENCY CONTACT NAME &
NUMBER: _____

POOL PASS NEEDED? _____ (Please send a \$25.00 deposit to
address below with form and a pass will be mailed to you.)

PLEASE EMAIL, FAX OR MAIL TO: HOME-LAND NEIGHBORHOOD MANAGEMENT
P. O. BOX 320248
FLOWOOD, MS 39232

INFO@HOMELANDMGT.COM

PHONE 601-326-7325

FAX 601-355-0009

FOR PRIVACY PURPOSES, THE SHADOWOOD-WENDOVER HOMEOWNERS ASSOCIATION
WILL USE THIS INFORMATION FOR MANAGEMENT PURPOSES ONLY.
THANKS FOR YOUR HELP!