## **Sawgrass at Plum Creek Owner Information**

Name of own	er(s):	
		·····
Phone Number	er(s):	Email:
Mailing Addre	ess (if different from address ab	pove):
	☐ Owner Occupied	□ Rented
Name	e of Tenant:	
Your signatur		INT FOR ELECTRONIC NOTICES**  Association costs, you agree to accept Owners'
		Pikes Peak notices and information electronically rather nunication to be adequate notice of Association issues.
Owner Signat	ure	Date
	**AUTHORIZATION AC	GREEMENT FOR AUTOMATED PAYMENTS**
Checking _		reek HOA c/o PMI Pikes Peak to initiate a debit entry to my indicated below and the depository named below to a voided check copy)
DEPOSITOR	Y (Bank) NAME	
ROUTING #		ACCOUNT #
SIGNATURE		DATE

Please return completed form to:

Sawgrass at Plum Creek HOA c/o PMI Pikes Peak, 6050 Stetson Hills Blvd #279, Colorado Springs, CO 80923 or email office@pmipikespeak.com (subject line: Sawgrass at Plum Creek HOA)