

RETURN FORM TO REC HALL LOCK BOX OR ch.secretary@campersholiday.net

Camper's Holiday Association
2092 Culbreath Road, Brooksville, FL 34602
Telephone (352) 796-3707 Fax (352) 796-3743

OWNER INFORMATION

Current Owner Name(s): _____ Lot # _____

Mailing Address: _____

Voter Email address: _____

Other Email address: _____

I WOULD LIKE TO RECEIVE STATEMENTS VIA _____ Email -or- _____ 1st Class Mail

Do you want to be included in the annual telephone list? Yes _____ No _____

If yes, what telephone number should be listed? (_____) _____

If no, what is your main contact number? (_____) _____

In Case of **Emergency**, who should we contact other than the owner?

Name: _____ Phone: _____

PET REGISTRATION

Number of Pets: Dogs _____ Cats _____ Other _____ Vaccinations current? Yes _____ No _____

LANDSCAPING / MOWING COMPANY

Company: _____ Phone No.: _____

*** OVER ***

AUTOMOBILE / MOTORCYCLE / GOLF CART INFORMATION

Make/Model _____ Year _____ Color _____ License # _____

Make/Model _____ Year _____ Color _____ License # _____

Motorcycle/Model _____ Year _____ Color _____ License # _____

Motorcycle/Model _____ Year _____ Color _____ License # _____

Golf Cart Model _____ Year _____ Color _____

By signing below, I attest that the information provided above is true and accurate.

Signature

Date

4/12/2025