

LIBERTY HEIGHTS HOA POOL MEMBERSHIP FORM

Name of Homeowner(s): _____

Home Address: _____

Telephone Number(s) _____ (Home) _____ (Cell)

E-Mail Address: _____

Please list below the names of all members of the household and their birth dates:

(Please include birthdates for everyone who will use the pool).

NAME

DATE OF BIRTHDAY

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Pool Rules & Procedures will be strictly enforced by the HOA and Board of Directors, HOA Management Company and Pool Committee Members.

FAILURE TO COMPLY COULD RESULT IN YOUR LOSING YOUR POOL PRIVILEGES.

I/we have read and hereby agree that I/we have received and read the Pool Rules (attached) and hereby agree to comply with the rules established by the Association while using the facilities owned and operated by the Association.

Homeowner Signature

Date

Homeowner Signature

Date

ANY HOMEOWNER DELINQUENT ON THEIR HOMEOWNER FEES WILL BE RESTRICTED FROM THE POOL AND/OR POOL AREA

This form must be completed, signed, and returned to our office on or before May 15, 2014.

Property Solutions of Middle Tennessee, LLC

P.O Box 331051

Murfreesboro, TN 37133

(615)-295-2317

Email: csnow@propertysolutionsmt.com