

FOXBOROUGH SQUARE HOMEOWNERS ASSOCIATION
FORM TO PROVIDE INFORMATION REGARDING
THE LEASE / RENT RESIDENT(S) OF MY PROPERTY

Homeowner Name(s): _____ Property Address: _____

Lease begins on: _____ Expires on: _____
(One year minimum required)

Resident Contact Information:

Name of person on lease, or principal occupant:
Phone Numbers: Home _____ Work _____ Cell _____

Resident Email Address: _____
(Resident(s) Email address will be used for emergency / urgent only.)

Names of other resident(s), if any: _____

Other Phone Number: _____ Other Email Address: _____

By signing this document, I hereby certify that all the above information is true. I understand that I am to abide by all rules / regulations as enacted by the Foxborough Square Homeowners Association and to supply the association with any changes or updates to my leasing status. I understand that failure to supply correct and true information may result in a \$500.00 fine imposed upon me and possible legal action as decided by the Board of Directors.

Signature of Property Owner(s): _____ Date: _____

Printed Name of Property Owner(s): _____

Signature of Resident(s): _____ Date: _____

Printed Name of Resident(s): _____

RETURN THIS COMPLETED FORM TO:
Westwood Management
109 International Drive
Suite 220, Franklin TN 37067
615-794-1411
Email: aroselli@wmco.net