

Homeowner Committee Interest

CONTACT INFORMATION

NAME	PHONE	ADDRESS	EMAIL
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Parent/Guardian

Are you willing to Planning & Projects Chair? Or Interest Sub-Committee Chair? Yes or No

If Yes, please identify which committee, and list here: _____

Please select the interest categories you would like to volunteer with; and you can select more than one if you would like to.

- Streets and Driveways
- Walks and Sidewalks
- Grounds
- Clubhouse
- Courts
- Pools
- Security
- Maintenance and Office Buildings
- Other / Miscellaneous

Please return this form to the Clubhouse and place in the drop box by Friday, March 1st at 12 noon.
Or, you can simply provide this information above, and email to battlecreekcommons@gmail.com.

FRIENDS & NEIGHBORS

NAME	PHONE	ADDRESS	EMAIL
Friend			
Neighbor			
Babysitter/Nanny			
Daycare			
Pet sitter			

WORK & SCHOOL

NAME	PHONE	ADDRESS	EMAIL
Parent/Guardian			
Parent/Guardian			
School			
School			

HOUSEHOLD

NAME	PHONE	ADDRESS	EMAIL
Homeowners association			
Landlord			

MEDICAL & CARE

NAME	PHONE	ADDRESS	EMAIL
Hospital			
Physician			
Dentist			
Veterinarian			
Pharmacy			

SERVICES

NAME	PHONE	WEBSITE	EMAIL
Water company			
Electric company			
Gas company			
Alarm company			
Animal control			
Poison control			
Plumber			

INSURANCE

NAME	PHONE	WEBSITE	POLICY NUMBER
Medical			
Home			
Auto			
Other			