

TOXAWAY VIEWS HOMEOWNERS ASSOCIATION, INC.

WINTERIZATION FORM 2020/2021

NAME(S): _____ Unit# _____

Co-owner: _____

Telephone _____

E-mail address: _____

Phone Numbers: Please indicate which number is primary, secondary, etc.

Winter home phone: _____

Office: _____

Fax: _____

Cell: _____

Winter address: _____

Contact person(s) and Phone Number (in case we cannot reach you at your number):

Name of who will winterize Condo: _____ Date: _____

Do you plan to use your unit after November 1st? _____

”Home Watch Service” if provider through the winter months:*

* Name and phone number: _____

* How often is your unit checked? _____

****Required if unit is not winterized – optional for units that are winterized.***

Name/Office & Phone Number of someone locally who has access to your unit:

Please complete no later than November 15th, 2020 either via email to TVHOA or by mail to Toxaway Views HOA, C/O Community Association Management, PO Box 79032, Charlotte, NC 28271-0030. Thank You