

TOXAWAY VIEWS HOMEOWNERS ASSOCIATION, INC.

WINTERIZATION FORM 2023/2024

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 – uwi i gwgf 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, 2024 either via email to [TVHOA](mailto:TVHOA@toxawayviews.com) or by mail to Toxaway Views HOA, C/O Ncw c 'Dr c em'393'Vqzcy c { 'Xlgy u'F t. '%425.'Ncng'Vqzcy c {. 'PE'4: 969

Thank You