



DATE: _____ Please update the LLPOA directory entry as follows:

LLPOA Property Street Address : _____ **New City, NY 10956**

(Required)

*Mailing Address if different than above (**for non-resident owners only**):*

Owner: _____ Street _____ State _____ Zip _____

email: _____ cell: _____ landline: _____

Resident

Name: _____

cell #:

(Last, First)

Email address

landline #:

Resident

Name: _____

cell #:

(Last, First)

Email address

landline #:

Resident

Name: _____

cell #:

(Last, First)

Email address

landline #:

Children names: _____

Pet names: _____

Member SIGNATURE: _____

Return information to : Lake Lucille Property Owners Association P.O. Box 252 New City, NY 10956

OR lake.lucille.ny@gmail.com



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