Update Form

To update your contact information, please take time to complete this information sheet and drop it by City Hall.

PLEASE PRINT

DATE		
RESIDENT or		
OWNER'S NAME		/
(LAST)	(FIRST)	(SPOUSE)
HIGHLAND HAVEN ADDRESS or L	OT#	
PHONE: LOCAL	_ CELL	
EMAIL:		
FULL TIME RESIDENT? YES	NO	
MAILING ADDRESS IF NOT FULL-T	IME RESIDENT:	
	_	
STREET OR POST OFFICE BOX		
CITY, STATE & ZIP CODE		
AREA CODE & TELEPHONE NUMBER	-	
AREA CODE & TELETHONE NOWIDER		
For office use only:		
Rcode:		
Database Updated:		
Email Updated:		