SUMMERTREES ADULT THREE HOMEOWNERS ASSN., INC.

NOTICE OF ABSENCE OR CHANGE

1. RE ABSENCE: *(FILE WITH BOD IF ABSENCE WILL BE MORE THAN 3 WKS)*

Homeowner Name: _____

Summertrees Address: _____

I will be absent from my home from _____ until _____

During that time, I, or my representative may be reached as follows:

Name: _____

Address: _____

_____ Telephone: _____

Please circle reason for absence:

Vacation Temporary Stay Assisted Living Facility

Nursing Home Rehab Center Deceased

Other _____

Contact Legal Representative: _____

Address: _____

Phone: _____

2. RE CHANGE:

Please note following change:

Name:

Telephone:

2nd Address:

Other:

Date: _____ **Signed:** _____