

**NORTHSOPE 2 UNIT OWNERS ASSOCIATION
VEHICLE STICKERS**

DATE: _____

NAME: _____

MAILING ADDRESS _____

HOME PHONE: _____ BUS. PHONE: _____

NS2 PHONE: _____ (If not full time resident)

CELL PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY PHONE: _____ RELATIONSHIP: _____

Please print all information clearly

Auto Make/Model	Registered Owner	License Plate #	State Registered

Please return form to Preferred Management by either emailing to bradj@preferredmanagement.org or mailing to Preferred Management, P O Box 687, Moscow PA 18444 or fax to 570-843-4758.