



BLUE RIDGE HOMEOWNERS ASSOCIATION, INC.  
899 GOLF LANE  
MEDFORD, NY 11763

HOMEOWNERS REGISTRATION FORM  
(PLEASE PRINT)

Homeowner's Name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone #

Home \_\_\_\_\_ Cell \_\_\_\_\_

Office \_\_\_\_\_ Out of State \_\_\_\_\_  
(if applicable-include dates) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Telephone \_\_\_\_\_

Homeowner's Ins. Company Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Policy # \_\_\_\_\_ Expire Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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RESIDENT AFFIDAVIT  
RECREATION FACILITIES  
(PLEASE PRINT)

I, the indicated homeowner or renter, do hereby apply for membership in the Blue Ridge Homeowners Association Recreational Facilities, in accordance with the Rules & Regulations of the Association. **I HEREBY AFFIRM THAT THE BELOW LISTED INDIVIDUALS RESIDE IN THE UNIT # \_\_\_\_\_ . IT IS HEREBY AGREED THAT THE BLUE RIDGE CONDOMINIUMS AND BLUE RIDGE HOMEOWNERS ASSOCIATION MAY REVOKE THE USE OF THE FACILITIES IN THE EVENT THAT STATEMENTS DECLARED IN THIS AFFIDAVIT ARE FOUND TO BE INCORRECT.** All passes are non-transferable, and become void as soon as any cardholder is no longer in **full time** residence at the above indicated unit or in the event of the sale of the Condominium. All cards must be surrendered to the H.O.A. Office before others are issued to the new owners or renters. Further, it is understood that the Board of Managers or Board of Directors may in their sole discretion revoke this pass, and all privileges implied by it, as a result of any infractions of any Rules and Regulations of the Condominium or Homeowners Association. If renters fail to return pass upon termination of lease, renters' deposit will be forfeited.

<u>NAME</u> (Please Print)	<u>RELATIONSHIP</u>	<u>DOB</u>	<u>SCHOOL</u>	<u>RESIDE FROM-TO</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# Of Cars _____	Plate# _____	State _____
	Plate# _____	State _____
	Plate# _____	State _____
	Plate# _____	State _____

Number of Pets      Dog(s) \_\_\_\_\_      Cat(s) \_\_\_\_\_      Other(s) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attention

All

Blue Ridge Residents

This is a friendly reminder

The Common Charges you pay include the Optimum TV Preferred Package, which consists of 350 channels, including the Starz Encore movie channels.

To receive Optimum TV, you must have an Optimum cable box, which can be obtained at the Optimum retail store on Rte. 112, Port Jefferson.

If you are not receiving the Preferred Package or if you are being billed for this package, please contact Optimum at 631-267-6900

Note: Common Charges do not include Optimum equipment, Internet, Telephone and any Optimum TV channels above the Preferred Package.





