



MT. POCAHONTAS PROPERTY OWNERS' ASSOC., INC.  
386 Old Stage Rd. Albrightsville, PA 18210  
Phone: (570) 722-9220, Fax: (570) 722-2605,  
E-mail: mppoa@ptd.net or www.mtpocahontas.com

HOMEOWNERS ASSOCIATION RESIDENT UPDATE FORM

Please complete this form and return to Mt. Pocahontas POA. Information supplied will be kept confidential.

OWNER NAME(S): \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL # \_\_\_\_\_

BUSINESS # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

LOT# or STREET ADDRESS \_\_\_\_\_

I AUTHORIZE THE FOLLOWING PERSON TO HANDLE MY MPPOA AFFAIRS AND SIGN ON MY BEHALF, ETC. NAME: \_\_\_\_\_

\* SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

BY CHECKING HERE I GIVE MPPOA SECURITY PERMISSION TO ENTER/MONITOR TRAFFIC OR PROPERTY WHILE AWAY FROM RESIDENCE

\* SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PETS IN THE HOME #CATS \_\_\_\_\_ #DOGS \_\_\_\_\_ #OTHER \_\_\_\_\_

ANIMAL'S NAME/DESCRIPTION \_\_\_\_\_

**Emergency Contact:** The following person/agent has access to my home or can be contacted in case of an emergency:

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work# \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_