

Tequesta Garden Condominium Association, Inc.

CHANGE OF ADDRESS AND PHONE NUMBER FORM

DATE: _____

NAME: _____

TEQUESTA GARDEN ADDRESS: _____

CHANGE OUR
BILLING ADDRESS TO: _____

EFFECTIVE DATE: _____

NEW PHONE NUMBER: _____

SIGNATURE: _____

FOR SEASONAL RESIDENTS, PLEASE REMEMBER TO COMPLETE THIS FORM
UPON YOUR RETURN TO TEQUESTA GARDEN.

THANK YOU!