

# Form - RHOA Resident

This information will be used to verify our database. It will not be given, sold or published without your written consent.

## Name

First Name      Last Name

## Name

First Name      Last Name

## Address

Street Address

Street Address Line 2, Show state & zip code if different than Paola.

City                      State / Province

Postal / Zip Code

## Rockwood Lot #

Leave Blank if unknown

## Email

example@example.com

## Phone Number

Please enter a valid phone number.

## Permission to Use Email

I agree

I prefer this method

**Permission to Use Text Message**

I agree

I prefer this method

**Permission to Use Phone Calls**

I agree

I prefer this method

**Permission to Use US Mail**

I agree

I prefer this method