

**Greensprings West Owners' Association
Community Directory Form**

Owner(s): _____ Address: _____

Phone: Day _____
Evening _____

Email address(es): _____

Children:	Name _____	Birthday _____
	_____	_____
	_____	_____
	_____	_____

I hereby authorize the above information to be included in the Greensprings West Community Directory.

Signed _____ Date _____

Please return the completed form to:

United Property Associates
103 Bulifants Blvd., Suite A
Williamsburg, VA 23188
Fax 345-5385
Or
jgaglia@unitedproperty.org