

# Greensprings West Change Of Address/Contact Information Form

Please change the following contact information for

NAME: \_\_\_\_\_

## New Contact Information

Street Address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

Please fax or mail the completed form to:

**GSWHOA**  
C/O United Property Associates  
103 Bulifants Blvd., Suite A  
Williamsburg, VA 23188  
Fax (757) 345-5385