

# BELLAVISTA VILLAGE

**MULTIPLE OWNERS DESIGNATING FORM**

DATE: \_\_\_\_\_

SUB: \_\_\_\_\_ BLOCK \_\_\_\_\_ : LOT: \_\_\_\_\_

The Bella Vista Village Property Owners Association records show ownership of the above referenced property in the names of:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

We would like membership cards and all computer mailings to be in the names of:

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Accepted by POA Employee: \_\_\_\_\_

Requests should be dropped off at Membership Services, 3 Euston Road or mailed to:

**Bella Vista Village Property Owners Association**

Attn: Membership Services

PO Box 6210

Bella Vista, AR. 72714

Phone: (479) 855-8000

Fax: (479) 855-8006

01/14/2014