



COPPER COVE ASSOCIATION

CONTACT FORM

Member Name: _____ Lot # _____

Property Address: _____

Mailing Address: _____

Telephone: _____ Cell: _____

Email: _____

The purpose of this form is to ensure we have the proper information when setting up your account and the ability to contact you with regard to your account and property.

Signature: _____ Date: _____

Return form to: CCLTOA, 920 Black Creek Drive, Copperopolis, 95228, or

Email to: office@coppercove.org