



Community Information Guide

RESIDENT INFORMATION: (please be sure to **print clearly** to ensure accuracy and DO NOT leave anything blank):

Name(s): _____

Please list name above exactly how you would like it to be printed in the Community Information Guide

Grand Haven Street Address: _____

Village: _____

What telephone number(s) would you like to be included in the Grand Haven Community Information Guide?

Phone (1): _____ Phone (2): _____ Phone (3): _____

DO NOT LIST ANY OF MY PHONE NUMBERS IN THE UPCOMING COMMUNITY INFORMATION GUIDE (CHECK BOX)

What e-mail address(s) would you like to be included in the Grand Haven Community Information Guide?

Email (1): _____ Email (2): _____

DO NOT LIST ANY OF MY EMAIL ADDRESSES IN THE UPCOMING COMMUNITY INFORMATION GUIDE (CHECK BOX)

I DO NOT WISH TO BE INCLUDED IN THE UPCOMING COMMUNITY INFORMATION GUIDE (CHECK BOX)

Please note: it is the responsibility of each resident to provide updates to the Grand Haven CDD Office.

By signing below, you acknowledge that the information you have provided is accurate and you give consent to list your phone number and email address in the upcoming Grand Haven Community Information Guide and receive Grand Haven eblasts (as listed above). If you have any questions, or need assistance with this form, please feel free to contact the Grand Haven CDD office at 386-447-1888. Thank you!

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____