Self Nomination Form

Name: _____ Community: SOMMERWOOD HOA

Address: _____ Phone Number: _____

Email: _____ Occupation/Employer: _____

Qualifications:

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PLEASE SEND TO:
Four Seasons Property Management
PO Box 498
Fishers, IN 46038
Phone (317) 710-7502
Fax (317) 324-4044
Email: tfernandez@indy.rr.com