Hawaiian Paradise Park Owners Association

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BOARD OF DIRECTORS CANDIDATE CONSIDERATION FORM

NAME:			
ADDRESS:			
CITY:	STATE:_	ZIP:	
PHONE: (DAY)	EVENI	NG:	
My Lot is located at: BLOCK#	LOT#	TMK#	
Voting District			
I have owned property (house, vacant l	ot) in Hawaiian Pa	aradise Park for years.	
I have lived in Hawaiian Paradise Park	for years	S.	
I will attend monthly & special Board	& Membership me	etings in Hawaiian Paradise Park.	
My Association road maintenance fees	•		
WANT THE VOTERS TO KNOW: (200 v			
WANT THE VOIERS TO KNOW. (200 V	words of iess)		
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gnature:		Date:	
Please submit this form	n to the HPPO	A Administration Office	
Form Received on:	Received By:		