

# Glebe Harbor – Cabin Point Association, Inc.

751 Glebe Harbor Drive, Montross, VA 22520

Phone: 804-472-3646 Email: [GHCPAssoc@gmail.com](mailto:GHCPAssoc@gmail.com)

## Glebe Harbor/Cabin Point Property Owner Information Form

Date:						
1	Please list all lots that you own by Subdivision (GH or CP), Section and Lot. Specify whether you are the Principal Owner (PO) (first owner listed on Westmoreland County Tax Records), and whether the property is under lease. If leased, please provide a Leased Property Information Form for the leased lot(s). Please list any additional lots owned on the reverse. Please <b>print</b> your responses.					
	GH or CP	Sec	Lot	PO? (Y/N)	Property Street Address (Street Location for Unimproved Properties)	Leased? (Y/N)
2	Principal Owner's Name:					
	Principal Mailing Address:					
	Principal Phone:				Secondary Phone:	
	Principal Email Address:				Secondary Email Address:	
	Access Cards are required for access and use of facilities and are issued to the Principal Owner listed on the Westmoreland County Property Tax Records. Access Cards will be issued under the owner's name, to be used by family and guests, unless the property is under lease. If leased, the cards will be issued in the lessee's name. <b>The cards do not expire.</b> They will be used from year to year. There will be a \$2.50 charge per card to replace any lost cards.					
	Number of Access Cards required (Maximum of 4 per Lot with Paid Recreational User Fee): _____					
	If you do not plan to use the Access Cards, we would like to reduce costs by reducing the number of Access Cards produced. Do you wish to opt out of receiving Access Cards? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	If you opt out and then need Access Cards in the future, please call the Association office. For guest access for special events (such as a family reunion), please contact the Association office for accommodation.					
	All communications and notices with owners and members shall be by email unless you opt out in writing. If you choose to opt out, all communication will be by first class mail. Do you wish to opt out? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Do you want to receive the "Happenings" weekly email that provides information on GHCP events and activities? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Your contact information will be included in any directories produced by the Association. If you do not want your information to be included, you must opt out. Do you wish to opt out? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Would you be interested in volunteering with the Association? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Would you be interested in running for a position on the Association Board of Directors? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Planned use of amenities? (Mark all that apply) Pool <input type="checkbox"/> Beaches <input type="checkbox"/> Boat Ramps <input type="checkbox"/> Clubhouse (Social Events) <input type="checkbox"/> Tennis Courts <input type="checkbox"/> Picnic Pavilion <input type="checkbox"/>					
3	If there are multiple owners listed on the deed for this property, please list all co-owners' names as they appear on Westmoreland County Tax Records. Provide contact information below if they would like to be included in Association communications.					
	Name		Address		Phone Number	Email Address
	1)					
	2)					
	3)					
4	Decals should be displayed on all trailers using boat ramps, and all trailers and RVs parked in Association storage spaces. Please list the license numbers and issuing state for each watercraft trailer/RV below. Decals will be issued for these trailers/RVs. Guest passes for boat ramp usage are available for family members who do not frequently use the boat ramps.					
	Trailer and RV License Numbers/State		1)		2)	3)

Additional Lots Owned					
GH or CP	Sec	Lot	PO? (Y/N)	Street Address (Street Location for Unimproved Properties)	Leased? (Y/N)
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

If any of the above properties is being leased, please provide a copy of the lease and indicate whether you are transferring recreational facility access rights to the tenants.

Boat/Trailer/RV Storage Space Request

Owner's Name	Trailer/RV License Number(s)		
1)			
2)			
3)			
4)			

The annual fee for each storage space is \$100, for the period May through April. Make checks payable to the GH-CP Association and attach to this form.

Additional Information (If needed):

Office Use: Acct. # \_\_\_\_\_

Date Rec'd \_\_\_\_\_

# Cards \_\_\_\_\_

Issued \_\_\_\_\_

Rec'd By \_\_\_\_\_

# Decals \_\_\_\_\_

Issued \_\_\_\_\_

Ck Amount \_\_\_\_\_

Date \_\_\_\_\_

Mailed \_\_\_\_\_

Ck# \_\_\_\_\_

By \_\_\_\_\_

QB Update By \_\_\_\_\_

DB Update By \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_