

HIGH TIDE

ASSOCIATES

Real Estate Services • Brokerage • Regime & Association Property Management

Sawmill Forest

Horizontal Property Regime

Welcome to Sawmill Forest. Please take some time to relax and review the helpful and essential information provided. For additional information please visit **HighTideAssociates.com**. If you have any questions, please do not hesitate to contact the Regime Management Company.

Regime Management Company:

David Wells
Property Manager
David@hightideassociates.com
Direct line 843-368-8663

HIGH TIDE ASSOCIATES

P.O Box 7665
Hilton Head Island, SC 29938
55 New Orleans Rd. Suite 211
Hilton Head Island, SC 29928
Office 843-686-2241
Fax 843-686-2204
www.htausa.com

Resident information:

To assist in delivering the utmost service and to improve the quiet enjoyment of the community, Sawmill Forest HPR I requires that you please fill out and submit the enclosed CONTACT INFORMATION SHEET. This will assist us to contact you when necessary.

Amenities:

As a resident of Sawmill Forest, you have access to the on-site pool. ONLY RESIDENTS OF SAWMILL FOREST ARE PERMITTED TO USE THE POOL. REFER TO POOL POLICY.

IMPORTANT

Pets:

Pets are welcome at Sawmill Forest. Please be aware of Sawmill Forest Rules & Regulations and the Beaufort County CODE OF ORDINANCES.

Rules & Regulations:

Rules and regulations are developed to assist in the upkeep of a safe and enjoyable community. It is imperative that you read and understand the Rules and Regulations of the community, which can be found at htausa.com. Any questions or concerns please contact High Tide Associates.

Helpful Numbers:

1. HHI PSD I (Water) 843-681-5525.
2. Palmetto Electric (Electric) 843-681-5551.
3. Time Warner (Cable, telephone and internet) 843-785-3070.
4. Hargray 843-686-5000.
5. Beaufort County Sheriff's Office 843-785-3618.
6. Bluffton Fire Department 843-705-5355
7. Hilton Head Hospital 843-681-6122.
8. Beaufort Animal Control 843-846-3904.

Hurricane Preparedness:

Please visit the Beaufort County website www.bcgov.net.

Insurance:

The Association insurance is for common amenities. Owners are responsible for insuring their houses. It is highly advisable that owners require their renters to obtain their own HO6 renters insurance!

If you have any questions or concerns please contact High Tide Associates at 843-686-2241 or email dnskelly@aol.com

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Sawmill Forest Contact Information Sheet

Please take a few moments and fill out the information requested below. This information is for regime business and should we need to reach you in the event of an emergency. Please return by mail, fax or email.

Property Address: _____

Owner Name: _____

Mail address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____

Emergency contact name: _____

Emergency contact number: _____

(If rented)
Rental Company & Contact Name _____

Phone number: _____ Email: _____

Renter Name: _____ Renter Phone Number: _____

PLEASE RETURN TO:
David L. Wells
Association Manager
david@hightideassociates.com
Direct Line: 843-802-6720

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THIS FORM IS FOR SAWMILL FOREST OWNERS ONLY

Association Dues

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

ALL DIRECT DRAFT TRANSFERS WILL BE DRAWN ON OR AROUND THE 10TH OF THE MONTH OF WHICH IT IS DUE.

I (we) hereby authorize High Tide Associates (HTA), hereinafter called **COMPANY**, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your Banking Information:

Depository Name: _____
(Bank Name)

Branch: _____
(Location)

City: _____

State: _____

Routing Number: _____

Account Number: _____

Checking Account _____

Savings Account _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

If you wish to stop direct draft you must notify High Tide Associates in writing, including the date you would like the services to be discontinued.

Your Personal Information: (Please Print)

Account Number (Example: ABC1234): _____

Name(s): _____

Phone Number: _____ day _____ evening

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THE BOTTOM OF THIS AUTHORIZATION FORM