

myQ Community App Enrollment Form

for Sorrento Condominium Association

Please complete each field below clearly and in its entirety. The purpose of this form is so that we can establish a connection between the App and the user. The information obtained below will be used for the sole purpose of activating and issuing you, the requestor, an access link.

RESIDENCE ADDRESS: _____

The below "User(s)" refers to the owner(s) that will be downloading the app for use.

FIRST AND LAST NAME OF USER (1): _____

E-MAIL IN CONNECTION WITH USER: _____

CELL PHONE IN CONNECTION WITH USER: _____

SIGNATURE OF USER: _____ DATE: _____

FIRST AND LAST NAME OF USER (2): _____

E-MAIL IN CONNECTION WITH USER: _____

CELL PHONE IN CONNECTION WITH USER: _____

SIGNATURE OF USER: _____ DATE: _____

Please return this form via email to BODSorrentoCondo@gmail.com