



HAWTHORNE RESIDENTS' COOPERATIVE ASSOCIATION, INC.



HAWTHORNE VACATION SERVICE
RECONNECT FORM

CABLE TV, INTERNET AND EMERGENCY REMOTE

I _____ of _____
(Name) (Address)

Would like to schedule reconnection of the following services as of _____
(Date)

Please Check all that apply.

_____ Cable TV service/DVR

_____ Internet Service

_____ Remote Emergency Button Service (necklace must be turned
in to Administration office so billing can be suspended)

DATE: _____ SIGNATURE _____

If HRCA is deducting the maintenance fees from your bank account and you want the cable/internet or emergency remote button added to it, please sign here. This will authorize the deduction

Signature: _____

BELOW FOR ADMINISTRATION OFFICE USE ONLY:

Received by Administration Office: _____

Date and Time

Print Name & Signature of Staff member accepting paperwork

Entered into Finance System: _____

SS: _____

SCH: _____

Charges: _____

BBX: _____

Notes: