

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Common Interest Community Board
CIC POINT OF CONTACT/MANAGEMENT CHANGE FORM

PLEASE TYPE OR PRINT.

Association Identification

- 1. Please enter the certificate number issued by the Common Interest Community Board. **0550** _____
- 2. Full Name of Association _____
- 3. Website Address of Association (if available) _____
- 4. Month of Annual Meeting\Board Election _____

Point of Contact Change

- 5. Name of Former Point of Contact _____
- 6. Name of New Point of Contact _____
- 7. Mailing Address of New Point of Contact
City, State, Zip Code _____
- 8. Telephone Number () - _____
Telephone
- 9. Effective Date of Change _____

Management Company Change

- 10. a. Is the association self-managed? **OR** under contract with a professional? If under contract, please answer b-d below
- b. Name of Management Company or other professional _____
- c. Common Interest Community Manager License No., if applicable _____
- d. Website Address of Management Company (if available) _____

11. _____
Signature of Representative Title Date

12. Effective Date of Change _____