

**Crystal Creek Homeowners Association Inc.**

**Proxy Statement**

I (We)

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Sign Name Here

As owner(s) of Property

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Insert the Address (es) of your Property on above line

Hereby authorize

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(Insert the name of your authorized representative)

To vote on my (our) behalf at the Association meeting scheduled for  
or for any subsequent meeting for the purposes discussed hereinabove.

Date: \_\_\_\_\_

Sign Your Name Here: \_\_\_\_\_

**Crystal Creek c/o  
Signature Management  
P.O. Box 674  
Clayton, NC 27528  
Contact: Bruce Allen, Community Consultant  
Phone: 919.975.7940  
Fax: 919.550.4897 e-Mail:  
[BruceAllen@Signaturemgt.com](mailto:BruceAllen@Signaturemgt.com)**