

## Resident endorsed vendor recommendation

You should only add a vendor you have personally used. No friends or relative's recommendations. You cannot submit a recommendation on *your* business or service.

*\*Submit one form for each recommended vendor please*

Owner Name \_\_\_\_\_

LTCA Address \_\_\_\_\_

Vendor Category (i.e. Plumber, general services, arborist) \_\_\_\_\_

Vendor Name \_\_\_\_\_

### Vendor Contact information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Vendor has agreed to share contact information publicly (required)

We want to make sure the vendor is comfortable with their name and contact information being shared publicly. Please confirm with him/her/they prior to submitting their information.

Acknowledge your name only will be visible as the source of recommendation.

Please return to the LTCA office via email, fax, or US MAIL (PO Box 100 Lake Toxaway, NC 28747)

[LTadmin@ipmhoa.com](mailto:LTadmin@ipmhoa.com)