Please complete and return to:

Harbor Ridge

PO Box 725, Southwest Harbor, ME 04679

Phone Number: (207) 244-7000 Fax Number: (207) 244-4500

info@harborridge.com



2026 Flexible Use Reservation Request Form

Owner Name:			Unit:	Week:	
Address:					
City:		State:	Z	ZIP:	
Home Phone: (Cell Phone: ()		
Email Address	:				
Interval Memb	ership No.		Valid	Until /	
	the following two options:			(Must be valid until Dec. 2026)	
$\begin{bmatrix} \mathbf{I} \\ \mathbf{R} \end{bmatrix}$ We	Weeks 1 - 6, 8 - 14, 44 - 46, and 48 - 50, inclusive. I request accommodations for:				
$\begin{bmatrix} \mathbf{L} \end{bmatrix}$ 1st	choice: Week #	FROM / /	to	/ / (dates)	
\mathbf{E} 2^{nd}	choice: Week #	FROM / /	to	/ / (dates)	
3 rd	choice: Week # choice: Week # choice: Week #	FROM / /	to	/ / (dates)	
\perp α	Check-in preference: Friday				
E 2) I will be using the week through Interval International. Please deposit a week for me.					
	8	,		1	
2. You must de choices if y 3. You may n Reservation 4. You may d Interval In 5. You may n paid to the company, y 6. To guaran 7. If you do n inventory t	reserved on a first-come, first-serve britted in writing. Schoose either to use the week at the you plan on staying at the resort are ot carry your weeks over from one a system, unless you pay an interneposit your 2026 week with an externational membership must be ot reserve a week at Harbor Ridge Association. If you do not choose you are still responsible for all assettee a regular deposit, your week ot decide in a timely fashion regardat may not fit your request or self-de to change a confirmed reservation.	e resort or within an exchand the week cannot be reserve year to the next within the al exchange fee of \$149. change company and travel to evalid until December 31 at until all assessment fees and to use your week at Harbon essment fees. It must be requested by Februing your week, you may be usedule.	ge system. Yed more that Harbor Rid to another r , 2026. Id any other r Ridge or w Druary 1, 20 e obliged to	You must submit three in 365 days in advance. ge Flexible Use esort location. Your outstanding charges are with an exchange	
	Signature	_	Ē	Date	
	Of	Gas Use Orle			
Data Bassiva 1		fice Use Only	ad		
Date Received:			Date Confirmed Week		
Deeded Unit Week					
MF Paid on				_ to / /	
Method Paid		Exchange Nu	mber:		