GRAEAGLE MEADOWS HOMEOWNERS ASSOCIATION

REQUEST FOR CONTACT INFORMATION

Dear Member:

at F	ase provide the requested information and return this form to Graeagle Meadows Homeowners Association via mail P. O. Box 1226 Graeagle, CA 96103 or email to keri@clineandassociates.net . Please submit within thirty (30) days of date received. (Please print clearly.)
(1)	Graeagle Meadows Property address:
(2)	Name and Primary Mailing address for all official association communications:
	Name(s):
	Mailing address:
(3)	It is your right to request to have notices sent to up to two different specified addresses:
	Deliver official association communications to BOTH the Primary address above and this Secondary address:
	Name(s):
	Mailing address:
(4)	Is your property owner-occupied, renter-occupied or a vacant lot (check the appropriate box)? Owner-Occupied (Permanent) Owner-Occupied (second residence) Renter-Occupied
(5)	If Renter-Occupied, please provide tenant or property manager contact information:
	Tennant/Property Manager Name:
	Cell phone number:
(6)	May we send you official notices, disclosures, documents and statements in electronic form rather than mailing a hard copy? We are required by California Civil Code §4040(a)(2) to have your written consent on file. Please check the appropriate box below regarding your consent to receive communications via email in accordance with California Civil Code §4040(a)(2) and sign below. This consent may be withdrawn at any point in time by the owner by making the request in writing to the Association
	I/We consent to receive electronic notices, documents and statements of account.
	☐ Keep all email information private
	Note: If you choose to receive electronic notices you will <u>not</u> receive printed copies. You may designate up to 3 email addresses (please print clearly):

Date _____

Owner(s) Signature(s):