

GRAEAGLE MEADOWS HOMEOWNERS ASSOCIATION
REQUEST FOR CONTACT INFORMATION

Dear Member:

Please provide the requested information and return this form to Graeagle Meadows Homeowners Association via mail at P. O. Box 1226 Graeagle, CA 96103 or email to Joleen@Clineandassociates.net. Please submit within thirty (30) days of the date received. (Please **print** clearly.)

(1) Graeagle Meadows Property address: _____

(2) Name, Phone number and Primary Mailing address for all official association communications:

Name(s): _____ Phone: (____) _____

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 This consent may be withdrawn at any point in time by the owner by making the request in writing to the Association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. Yes No

Keep all email information private

Note: If you choose to receive electronic notices you will **not** receive printed copies.

You may designate up to 3 email addresses (please print clearly):

Owner(s) Signature(s): _____ Date _____