

# INFORMATION RELEASE / HOMEOWNER INFORMATION CONSENT FORM

## LOT IDENTITY INFORMATION

Homeowner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

Away Mailing Address (if applicable) \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Away Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

By signing below you are authorizing \_\_\_\_\_ Association, Inc. to disclose such information if requested as part of an official records request.

By signing below you agree to allow \_\_\_\_\_ Association, Inc. to notify you by e-mail notice of meetings and other community information.

By signing below you acknowledge the responsibility to notify \_\_\_\_\_ Association, Inc. in writing if you wish to revoke permission.

Homeowner Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Spouse/ Co-Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_