

Waterview POA - Member Contact Information

Please fill in as much of the information below as is relevant to you. The Association will not share your information with anyone unless you elect to allow at the bottom of this form.

Lot Number/Address

Owner of Record

Member Information

Member 1 Name

Member 2 Name

Cell Phone

Work Phone

Cell Phone

Work Phone

Email

Email

Home Phone Number

Alternate Home Phone Number

Mailing Address (For Primary Correspondence)

Alternate Address

Mailing City, ST ZIP Code

Alternate City, ST ZIP Code

Emergency Contact

Emergency Contact

Address

City, ST ZIP Code

Phone 1

Phone 2

Please check the box next to the items you agree to allow to be shared with other members (i.e. directory).

- Email Address
- Alternate Address
- Cell Phone Number

Please check this box if you consent to receiving notices and other communications by electronic transmission (i.e. email).

I understand and agree that providing this contact information is voluntary and I approve the use of my information for Association communications.

Member Signature

Date

Please Return Form To: Waterview Property Owners Assoc., | P.O. Box 298, Placida, FL 33946
Email: waterview.poa@gmail.com