

Owner Contact Information Form

OWNER REQUIRED TO FILE ANNUALLY WITH HOA, by Civil Code 4041. effective 2017

A On an annual basis, just prior to the distribution of annual disclosures, the HOA will request owners complete and return this form. Owners are now required to provide written confirmation to the association of all of the following:

- 1 The Address which notices from the HOA are to be delivered, i.e. primary mailing address
- 2 A secondary address to which notice from the association may be delivered if there is no response to mailings sent to the primary mailing address.
- 3 The name and address of:
 - a His/her Legal representative if any
 - b Any person with power of attorney who can be contacted in the event of emergency
- 4 Whether the unit is:
 - a. Owner occupied
 - b. Rented
 - c. 2nd Family Home
 - d. Vacant

B The association shall demand this information from each owner annually, prior to the distribution of the annual disclosures, under section 5300, and shall enter the data into its books and records

C If an owner fails to return the annual confirmation, pursuant to the new law, the condominium address shall legally be deemed to be the address to which notices are delivered moving forward.

With this new Civil Code, owners who fail to return this form to the HOA each year, are by default selecting their HOA unit as the designated mailing address, **regardless of any previous directives**. This new Civil Code requires owners update/confirm their mailing information **every year** in response to the HOAs request. Owners may no longer challenge fines or fees assessed, to an owners account claiming documents sent by the association, were sent to the wrong address.

Please use the below form to update your information at any time PLEASE PRINT LEGABLY

Please mail to the address your assessment is mailed to, or by email at accounting@coastalassociationservices.com

Date: _____ **HOA Name:** _____

Address and unit number of Condominium _____

Name/s of Owner/s: _____

***If name on title is a Trust, LLC or Inc., "Name of owner" must be a person, Primary Trustee or CEO

Name/s Reflected on Title: _____

Unit Is: Owner Occupied Renter Occupied 2nd Family Home Vacant

Names of all tenants _____

Emergency Tenant Phone # _____

***** Any subsequent changes to the information on this form must be submitted to the HOA using this form.**

Please keep a copy of this form handy for future use.

Please Indicate which address you prefer Association correspondence to be mailed to. Choose ONLY One (1)

Primary address Secondary Address

Primary Mailing Address: _____

Must be Unit Owners Address

Secondary Mailing Address: _____

Property Mgr. or Mailing Address

Primary Phone number: _____ **Primary Email:** _____

Unit Owner

Unit Owner

Secondary Phone number: _____ **Secondary Email:** _____

Prop Mgr. or Point of Contact

Prop Mgr. or Point of Contact

Name, address and phone number of Legal representative or person with Power of Attorney in case extended absence or emergency

Name: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Office Use

Received: _____ Updated/Confirmed: _____ Form Scanned to File: _____ Initials: _____