INDIANWOOD

INDIANWOOD HOMEOWNERS ASSOCIATION, INC.

CONSENT FOR PUBLIC RELEASE OF INFORMATION

This is a consent/opt-out for public release of information about the resident indicated below (hereinafter refered to as Consentor).

This information will only be used for the following purpose:

INDIANWOOD COMMUNITY PHONE BOOK

Please complete and return it at your earliest convenience by dropping it in the mail slot of the IHOA office door (to the left of the stage in Shaw Hall)

CONSENTOR'S NAME:

CONSENTOR'S EMAIL ADDRESS*:

**In case we have a question regarding your form*

I hereby do or do not give my consent to the Indianwood Homeowner's Association, Inc. (IHOA) to release the following specific information.
Check the boxes and list the information below.

☐ **NAME(S)**

☐ **ADDRESS**

☐ **PHONE(S)**

☐ **OPT OUT (DO NOT WANT MY INFORMATION PUBLISHED)**

Printed Name of Consentor

Signature of Consentor *Date Signed*

FOR INDIANWOOD HOA OFFICE USE ONLY . . . Do not write below here . . .

RECEIVED BY_____ **DATE:**_____