**Swansboro Country Property Owners Association**

***DESIGNATION OF PRIMARY CONTACT ADDRESS (Annual Requirement Per California Civil Code §4041)***

Name of Homeowner(s): Account # *(OPTIONAL)*

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

(Please include the unit # of the property you own/one form should be completed **per each unit** owned)

## \*\*Mailing Address to which you want the Association’s notices delivered\*\*

Mailing Address :

City: State: Zip Code: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*Alternate/Secondary Mailing Address (if any) to which you want the Association’s notices delivered\*

Alternate/Secondary Address or Property Management Company:\_\_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \*Legal Representative or authorized individual to be contacted in the event of an emergency\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:

Address: Does This Person Have a Key?

 Yes 🔾 No 🔾

 Power of attorney (*Please provide a copy)*

## \*Status of your Association property (Check one)\*

\_\_\_\_\_\_\_Owner-Occupied \_\_\_\_\_\_\_\_\_Rented \_\_\_\_\_\_\_\_\_Other (please describe):

\_\_\_\_\_\_\_Vacant \_\_\_\_\_\_\_\_\_Undeveloped Land

## \*Email Authorization\*

To enhance timely and effective communication between the Association and the unit owners, you have the option to receive correspondence via email in lieu of US Mail, the law requires authorization for this to occur. Please complete below if you would like to receive email communications.

**YES**, I (we) hereby authorize the Association and its Agents to notify me (us), as the ***owner***, by email for all official Association notifications as permitted and/or required by the applicable state statutes in lieu of US Mail.

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*Opt-Out of Membership Lists\*

The law requires us to release membership lists to owners upon request. It is currently required by law that any email address of record is also disclosed. If you would like to opt-out of being on the membership list in order to avoid potential disclosure of your email address to fellow members, please indicate below. Checking this box does not limit or change your ability to receive email communication from your Association or Management Company

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| --- |
|  |

Opt-Out of Homeowner List in Full (Name, Address, Email) Please Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_

**I declare that I am an owner and/or trustee of the trust that owns the Association property identified above, that the information is accurate, and that I am authorized to make elections reflected above on behalf of all owners of this Association property:**

**Date: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**