



SCPOA MEMBER INFORMATION REQUEST FORM

Tracking # IN _____
(For office use only)

Use this form to request information to which you may be entitled. All requests are reviewed by SCPOA's management company before being forwarded to the SCPOA Board for consideration. Verbal requests shall not be accepted unless required by law.

Complete all sections of the form – incomplete forms will not be accepted.

To begin filling this PDF form in Adobe Reader select **Edit** in the menu bar, then **Manage Tools**, then **Comment**, then select the large, plain "T" in the Comment area tool bar. Place your cursor at the red = on the form, click and begin typing. Move and click your cursor from = to next = to fill in.

All member information shall be held strictly confidential by the SCPOA Board of Directors.

Member information: (Items marked by * are required.)

*Name = _____ *Property: Unit # = _____ Lot # = _____ or

*Member's Swansboro property Address: = _____
= _____.

*Mailing address if different from above
= _____.

*Phone = _____ Email = _____.

Best method to contact you:

*Check all that apply; Phone = _____, Email = _____, Mail = _____.

* Requested Information and reason for request: (Note: only those items allowed by law will be considered.)

= .
= .
= .
= .
= .

*Date = _____ * Member's signature = _____.

(If this form is sent electronically you affirm that any electronic signature is yours and used with your consent.)

Please email your form to sue.sherman@managementtrust.com, fax to: Swansboro (916) 985-3744 or simply mail to: Swansboro, c/o The Management Trust, PO Box 1459, Folsom, CA 95763-1459. To e-mail this form copy and paste the form, beginning below the logo, and paste into your e-mail. Type 'Swansboro Information Request' in the subject line.