

## **PUBLISHING AUTHORIZATION**

I authorize my listed information to	be used by Tropical Isles busine	ess office in the following manner:			
Publish Name, Address and Phone number in Residents Directory: Publish E-Mail address in Residents Directory: Publish Birthday & Anniversary in Newsletter & Website:		<ul><li>☐ Yes ☐ No</li><li>☐ Yes ☐ No</li><li>☐ Yes ☐ No</li></ul>			
			Publish Photos in Newsletter & Website:		Yes No
			I understand that both publications and web public. I further understand that Tropical Iss consequences of such use.	0 0	-
Date:					
Name:	Name:				
Address:	Address: _				
E-Mail:	E-Mail:				
Phone:	Phone:				
Anniversary:					
Signature:	Signature:_				