

LAKE VISTA RESIDENCES CONDOMINIUM ASSOCIATION, INC.
EMAIL & PHONE CONSENT/AUTHORIZATION FORM

PRINT NAME: _____

ADDRESS: _____ LAKE VISTA COURT, UNIT# _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ CELL NUMBER: _____

PHONE NUMBER: _____ CELL NUMBER: _____

DUE TO CHANGES TO FLORIDA STATUTE 718 GOVERNING CONDOMINIUMS, AS OF 7/1/2010, PHONE NUMBERS AND EMAIL ADDRESS ARE NO LONGER PART OF THE ASSOCIATION'S OFFICIAL RECORDS WITHOUT WRITTEN CONSENT OF AN OWNER.

The Association is requesting that you inform us what information you **do want or do not want in the directory that is published on the website**. You will also need to inform us if you want to receive Association notices and/or updates via email. If you **do not want to be listed on the directory**, please consider letting the Lake Vista Office have your information for emergency purposes only.

By signing below, you are giving consent/authorization to the Association to: **(please circle yes or no to all 3 questions)**

1. Receive Association notices and/or updates via email **(Y)(N)**

2. a. Publish your phone number with the office **(Y)(N)**
b. Publish your cell number with the office **(Y)(N)**
c. Publish your email address with the office **(Y)(N)**

3. a. Publish your phone number in the Public Community directory & website **(Y)(N)**
b. Publish your cell number in the Public Community directory & website **(Y)(N)**
c. Publish your email address in the Public Community directory & website **(Y)(N)**

Signature

Date