

Owner Information Form

Please fill in the information below, sign and send back via regular mail, e-mail or fax. This information is needed for your account. *Please be advised that this information will become part of the official records of the association and may not be accessed by any other homeowner.*

Forest Lake Townhomes Homeowners Association, Inc.

Owner's Name _____

Forest Lake Address: _____

Mailing Address (if different from above): _____

Phone: _____ Alternate Phone: _____

Residence: Year-Round/Onsite ☐ Seasonal ☐ Long Term Leased/Offsite ☐

Would you like to receive a coupon book for your annual payments?

☐ Yes, I would like a coupon book and acknowledge the \$10 per year charge.

☐ No, I do not require a coupon book.

Owner Consent to Transmit Data via Email:

Email notification allows the Association to improve communication with the membership in a more efficient and cost-effective manner. By providing my email address and signing below, **I hereby grant permission to transmit all Association general mailings, letters, meeting notices and agendas, proxies, budget and billing information via email.**

E-mail Address: _____

E-mail Address: _____

You may also receive email from the management company regarding maintenance services and education opportunities. Vesta Property Services will not pass on email addresses to any third party without my express and written permission. I will make every effort to update Vesta Property Services, in writing, of any changes to my email address and will hold them harmless for any errors resulting in my failure to do so. NOTE: If an owner requires payment information or other documents to be mailed, an additional administration fee may apply.

SIGNATURE: _____ DATE: _____

If Leased: Lease Term: _____ to _____

Tenant(s) Name: _____

Phone #: _____ Email: _____

Tenant Emergency Contact: _____

If your property is managed by a real estate agent for rentals, please provide their contact information:

Agent Name: _____

Address: _____

Phone #: _____ Email: _____