

Authorization for the Release of Information

| I, the owner of the property at | | , authorize |
|------------------------------------|------------------------------------|--|
| | roperty address | |
| | , my | , to receive communications, |
| Name | Relationship | |
| regarding my property including ir | voices, late notices, covenant vie | olation notices, amenity information and any |
| documentation sent by the assoc | ation or management company. | |
| | Signature of Owner | / Date |
| | Printed Name | |
| | Owner Mailing Addre | ess |