

PINE RIDGE CONDOMINIUM UNIT OWNERS ASSOCIATION
ELECTRONIC MAIL NOTIFICATION CONSENT FORM

NAME: _____

UNIT ADDRESS: _____

EMAIL ADDRESS: _____

I am the owner of the above unit and I authorize the Board of Directors of the Pine Ridge Condominium Unit Owners Association (PRCUOA) to send me all notices required by the PRCUOA Declaration and Bylaws by and to the electronic mail address listed above. This authorization remains valid unless and until I revoke the authorization in writing or I am no longer the owner of the unit listed above, whichever occurs first.

SIGNATURE: _____

PRINT: _____

DATE: _____

Please return completed form to the PRCUOA office.