

Rimrock Homeowners Association

SPECIAL REQUEST FOR INFORMATION – UPDATE FORM

* I elect to opt out of membership requests for information

This information is necessary to provide prompt, efficient service concerning the management and upkeep of your planned development association. Please return at your earliest convenience.

Owner's information:

Date: _____

Name (must match recorded grant deed): _____

Property Address: _____

Home Address: _____
(If different from unit address)

Home Phone #: _____ Work Phone #: _____

E-mail: _____

Emergency Phone # _____ Contact Name: _____

Property Manager for unit (if applicable):

Name: _____

Address: _____

Phone #: _____

E-mail: _____

Alternate Address

If there is an alternate or secondary address to which notices from the Association are to be delivered, please indicate here. (This may be an e-mail address if you consent using the e-mail option below)

My preferred method of communication:

Please contact **Owner** _____ or **Property Manager** _____ (please select only one)

_____ Send acceptable Association communication via e-mail.

_____ Send all communication via the US Postal.

Owner's (Agent) Signature

Date

Legal Representation

The name and address of the owner's legal representative, if any, including any person with power of attorney or other person who can be contacted in the event of the owner's extended absence from the separate interest.

Attorney: _____

Person with Power of Attorney (A copy of the document must be provided) _____

Information for Gate Directory (if applicable):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

(over)

1/25/19

Tenant's information (if applicable):

Name: _____

Home Phone #: _____ Work Phone #: _____

Former tenants' name to be deleted: _____

I assign all my rights to the common area and the recreation facilities to my tenant (s)

Owner's (Agent) Signature

Date

Authorization Form To Access Accounting Information

I hereby authorize the following to access my account which may include payment information, banking information, requesting Statements & copies of payments, etc.:

_____ Name	_____ Relation
_____ Name	_____ Relation
_____ Name	_____ Relation
_____ Name	_____ Relation

Owner's Signature: _____

Owner's Name: _____

Unit Address: _____

* It is important to note that California's Corporations Code grants members of a nonprofit mutual benefit corporation the right to inspect and copy, or obtain for a reasonable charge, the record of the names, addresses, and voting rights of the members of the corporation upon 10 business days' written notice, provided it is for a purpose reasonably related to the person's interest as a member. (Corp. Code, § 8330, subd. (a)(1), (2).)[1] Such a record may be kept in electronic form. (§ 8320.) A record that is "written" includes an "electronic communication" (§§ 5079, 8310) and an electronic communication includes an e-mail. (§§ 5079, 20.). **By checking the "Opt Out" box at the top of this form, your name, address and email address will not be distributed to any member of the Association.**

Please return form to: Silverado Community Management Services
550 West Vista Way, Suite 206
Vista, CA 92083

Please note that pursuant to Civil Code section 4041, if you fail to provide your contact information, the last address provided in writing or, if none, the property address shall be deemed to be the address to which notices are to be delivered.