

SADDLEBACK HOMEOWNERS ASSOCIATION



P.O. Box 6691
Auburn, CA 95604
Voice Mail
(530) 392-8055

www.SaddlebackAuburn.com • SaddlebackAuburn@gmail.com

This information will be used for communication within the Saddleback HOA community only.

Property Address: House Number _____ **Date** _____
 Blue Grass Drive Kelso Court Moss Rock Drive Red Rock Court
 Riva Ridge Circle Shannon Lane Skyview Drive Wasatch Drive

Mailing Address (for non-resident owners – leave blank if the same as property address)
 Street _____ Apt/Suite _____
 City _____ State _____ Zip _____

Legal Owner(s) of Record (if joint tenancy, please list each person separately, i.e., husband and wife)

- Name _____
 Email _____
 Home (____) _____ Cell (____) _____ Work (____) _____
- Name _____
 Email _____
 Home (____) _____ Cell (____) _____ Work (____) _____
- Name _____
 Email _____
 Home (____) _____ Cell (____) _____ Work (____) _____

Electronic Communications Consent

California law permits community associations to distribute documents to homeowners via email or other electronic means. In order to take advantage of this law, you must give your written consent to receive notices by email or other electronic means. The Association may send documents electronically, unless those documents are required by statute to be provided by mail or other delivery (for example: mailing of secret ballots, notices relating to assessment increases, use of reserves, and various collection and foreclosure notices applicable to each owner’s respective property). You may revoke this consent anytime by submitting a notice in writing to the Association.

Signed: _____ Date _____
 Print Name: _____

Opt Out of Sharing Information with Members

Pursuant to California Civil Code Section 1365.2(a)(1)(l)(iii), I hereby **opt out** of the sharing of the following information with other members of the Association (don’t share my information with fellow members) when they request it. Please select the items to withhold from our members (if allowing items to be included, leave blank):

- My name
- My phone number
- My mailing address
- My e-mail address

This Opt Out shall remain in effect until changed by me.

Signed: _____ Date _____
 Print Name: _____