

Required Information Form

Please fill in the information below, sign and send back via postal service, 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 homeowners.

Association Name: _____

Account # _____

Property Address: _____

Owner's Name: _____

Mailing Address: _____

#1 E-mail Address: _____

#2 E-mail Address: _____

Home phone: _____ Fax phone: _____

Cell phone: _____ Work phone: _____

Transmit Data via E-Mail

I grant permission to the Association to transmit to me via e-mail all association meeting notices, meeting agendas, proxies, and budget information. You may also receive emails from the management company regarding maintenance services and education opportunities. This is more cost effective for the community and great for those that can not always be home to receive paper mail.

Yes No

Is your property currently leased or managed by a real estate agent for rentals:

Yes No

If yes, which agency/agent:

Please return this important information as soon as possible to:

Vesta Property Services

PO Box 353187, Palm Coast, Florida 32135

Fax to 386-439-4256

Or e-mail to STarasenko@VestaPropertyServices.com