

Professional HOA Consultants, Inc.
MANAGEMENT SERVICING HOMEOWNERS ASSOCIATIONS
8181 Mission Gorge Road, Suite E
San Diego, CA 92120-1600

Office: (619) 229-0044 **Fax:** (619) 229-0047 **Web:** www.phoac.com

HOMEOWNER CONTACT INFORMATION

Dear Homeowner,

Due to recent changes in the Civil Code, homeowner lists are available to any owner other within a Homeowners Association who requests them. However, your privacy is important to us, and we would like to give you the opportunity to make the choice regarding the sharing of your information. ***All contact information that is currently in our files is available to other owners upon request.*** In order to opt out of sharing that information, please fill out this form and check the box at the bottom of the page. The form should be returned to the management office as soon as possible.

In order to protect your family and property in case of emergency, it is imperative that the management company be able to reach you as quickly as possible. The Board of Directors believes an up-to-date directory is essential in enabling immediate communication between Owner, Tenant, the Board and Professional HOA Consultants (management company).

Please complete the form below and return it to Professional HOA Consultants, Inc. at the address above. If you are a landlord, your tenant's information should be included as well. If you check the box at the bottom of the page, please be assured that this information will be kept confidential and will only be available to Professional HOA Consultants, Inc. and the Board of Directors. Your prompt attention to this matter will be appreciated.

Association Name: _____ **Account #** _____

Owner Name: _____

Physical Address: _____

Mailing address if different: _____

Home phone: _____ **Cell phone:** _____ **Email:** _____

Employer: _____ **Work phone:** _____

If you are renting your property out, please complete the following:

1) Tenants Name: _____ **Phone:** _____ **Work phone:** _____

2) Tenants Name: _____ **Phone:** _____ **Work phone:** _____

Please do NOT share my contact information.

Signature

Date

If you have opted out of sharing information, this will remain in effect until the owner otherwise notifies the Association in writing.