

Palm Pointe/Palm Isles Homeowners Association, Inc.

c/o FirstService Residential
543 NW Lake Whitney Place, Suite 101
Port St. Lucie, FL 34986
Office: (772) 323-2004 Fax: (772) 878-1519

OWNER & RESIDENT INFORMATION UPDATE

Please fill out this form to assure that we have the most current information on file regarding your unit.
The information provided will be used for management purposes only.

PLEASE PRINT

Name: _____

Property Address: _____

Phone: _____ Work: _____ Mobile: _____

E-Mail 1: _____ E-Mail 2: _____

Residency Status: Full-Time Seasonal If seasonal,

Mailing Address: _____

Away Phone# _____

Emergency Contact: _____ Phone: _____

Do you currently have a tenant? No Yes If yes,

Tenants Name: _____ Phone: _____

Lease Start Date: _____ Lease End Date: _____

Realtor/Managing Agent Name: _____ Phone: _____

In order to decrease the postage and mailing costs that the Association incurs and communicate pertinent information, your Board of Directors would like you to consider consenting to receive electronic communications.
Florida Statutes protects owners e-mail addresses and phone numbers from being released or shared.

E-MAIL CONSENT

You must provide consent even if your e-mail address is currently on file.

By initialing this box, I **authorize** Palm Pointe/Palm Isles Homeowners Association, Inc. and FirstService Residential to communicate with me via electronic transmission.

By initialing this box, I **do not authorize** Palm Pointe/Palm Isles Homeowners Association, Inc. and FirstService Residential to communicate with me via electronic transmission.

Signature

Signature

Date

Date

Return this form to FirstService Residential by mail or fax as provided above. You must notify FirstService Residential if any information on this form changes.