

**CASTA DEL SOL HOMEOWNERS ASSOCIATION, INC.  
a California Nonprofit Mutual Benefit Corporation**

**SHORT FORM FOR MEMBER/OWNER REQUESTS/NOTICES TO ASSOCIATION**

Request/Consent for Email Receipt:

I request and consent to receive individual notices and general notices from the Association via email.

Request for Additional Copies to Secondary Address:

I request additional copies of notices required by the Civil Code be sent to me at the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request to opt out of sharing my name, property address, mailing address and email address as follows:

- My name, property address and mailing address MAY NOT be shared with members of the Association who request a copy of the membership list.
- My email address MAY NOT be shared with other members of the Association who request email address.

**Member's Name:** \_\_\_\_\_

**Member's Property Address:** \_\_\_\_\_

**Member's Mailing Address:** \_\_\_\_\_

**Member's Email Address:** \_\_\_\_\_

**Repeat Email Address:** \_\_\_\_\_

By signing below I acknowledge that I am the authorized member and owner of the residence set forth above, and acknowledge the terms and conditions in the Member Request and Consent to Receive Notices and Delivery of Association Communications and Documents form, and the Form to Opt Out of Membership List Provided Upon Request, both of which are available at the Association office.

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature