

The Fairways Homeowners Association

HOMEOWNER INFORMATION FORM

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

(if different from property)

CITY: _____ STATE: _____ ZIP: _____

LOCAL PHONE: _____ OTHER PHONE: _____

ELECTRONIC DELIVERY AUTHORIZATION: By checking this box, you are hereby authorizing the Association and Desert Management (as agents for the HOA) to initiate delivery of Association documents by electronic means to the email address listed below:

Email address (please print): _____

Email address (please print): _____

MEMBERSHIP LIST OPT OUT: Upon written demand of an owner, the association is required to produce a membership list, which includes the owner name, property address and mailing address of all owners. The Davis-Stirling Act allows a member who does not wish to have their contact information shared with other members to "opt out" of the sharing of that information. If you would like to exercise your right to opt out of the sharing of this information with other members, please mark the check box.

PLEASE COMPLETE THE FOLLOWING IF YOUR UNIT IS A RENTAL:

RENTAL AGENT'S NAME: _____ PHONE: _____

PERSON(S) TO BE NOTIFIED IN CASE CONTACT WITH YOU IS NOT SUCCESSFUL IN THE EVENT OF AN EMERGENCY AT YOUR UNIT:

1. NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

C/o Desert Management
400 S. Farrell Dr. Ste. B210
Palm Springs, CA 92262
Phone: 760-325-4257 Fax: 760-778-6846

Owner Signature: _____ Date: _____

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